



Membership Application

For Individuals and Public/Non-profits

Select Membership Category

| Choose one | Membership Category | Category Description | Annual Dues |
|--------------------------|------------------------------|-------------------------------|-------------|
| <input type="checkbox"/> | Individual | Biennial membership | \$25 |
| <input type="checkbox"/> | Public/Non-profit Membership | Annual affiliating membership | \$50 |
| <input type="checkbox"/> | Corporate | Annual affiliating membership | \$100 |

Member Information

First Name _____ Last Name _____

Title _____ Date of Birth _____

Organization _____

Organization E-Mail Address _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ FAX Number _____

Mobile Number _____ Website Address _____

E-Mail Address _____

Donation

My contribution to:

Endowment Fund \$____ Scholarship Fund \$____ General Fund \$____

Payment Information

Check payment to OAD VISA Mastercard AmEx

Card Number _____ Exp Date _____

Name on Card _____

Signature _____

Are you (please choose one)

- New Renewal
 Change of Address notice
 Resident at Chestnut Lane

Are you (please choose one)

- Male Female

Are you (please choose one)

- Deaf DeafBlind
 Hearing Hard of Hearing

Are you interested in being on any of the following committee:

- Award Conference
 Education Endowment
 Finance Fundraising
 Law Legislature
 Marketing Volunteer
 Others: _____

I wish to receive email update of upcoming events and activities.

- Yes No

I wish to publish my personal contact information in the online directory.

- Yes No

If you have any questions, please send an email to info@OAD1921.org