

# WVAD MEMBERSHIP FORM

Name \_\_\_\_\_  New  Renewal  
 Spouse's Name \_\_\_\_\_  New  Renewal  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone No. \_\_\_\_\_  VP  Voice  Both  
 E-Mail Address \_\_\_\_\_

**You**

Deaf  
 Hard of Hearing  
 Hearing  
 Interpreter

**Dues for You**

\$15 for 1 Year — Regular  
 \$25 for 2 Years — Regular  
 \$20 for 2 Years — Senior (Age 55 and up)  
 \$10 for 2 Years — Student (Age 12 – 18)

**Spouse**

Deaf  
 Hard of Hearing  
 Hearing  
 Interpreter

**Dues for Spouse**

\$15 for 1 Year — Regular  
 \$25 for 2 Years — Regular  
 \$20 for 2 Years — Senior (Age 55 and up)  
 \$10 for 2 Years — Student (Age 12 – 18)

- Yes!** Here is my donation: \$ \_\_\_\_\_  
 **Yes!** I want to donate to Deaf Youth Program: \$ \_\_\_\_\_  
 **Yes!** I want to donate to Education Fund: \$ \_\_\_\_\_  
 I want to be a WVAD volunteer.  
 Spouse wants to be a WVAD volunteer.

TOTAL MEMBERSHIP AND DONATION: \$ \_\_\_\_\_

Make money order or personal check payable to **WVAD** or complete the credit card information below:

Visa  MasterCard  Discover Card  American Express

Name on Credit Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
 Credit Card Account No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail with membership application to:  
 West Virginia Association of the Deaf, Inc.  
 Jimmy Harrison, WVAD Membership Coordinator  
 5 Cordoba Drive  
 Hurricane, WV 25526  
 Video Phone No.: 304-964-6025

*Your membership fees and donations make it possible for WVAD to protect the collective interests of West Virginia's deaf and hard of hearing community through advocacy efforts with our policy makers.*

**JOIN WVAD TODAY!**

