



Charleston Association of the Deaf

New or Renewal Membership Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Voice/VP/TTY Phone No. _____ Fax No. _____

Email Address: _____

INDIVIDUAL MEMBERSHIP

_____ X \$20 - Regular (Any Deaf individual may become an active member of CAD, upon payment of membership dues. This membership does not allow make the member eligible to make motions, vote, or hold office.)

_____ X \$25 – Associate (Any Deaf individual wanting voting membership may join CAD upon payment as an Associate. They shall participate in discussions, but shall eligible to make motions, vote or hold office.

_____ X \$15 – Senior (Any Deaf individual at the age of 55 years or more, may become an active member of CAD and have the ability to vote, upon payment of membership dues.

Category:

___ Deaf ___ Hard of Hearing ___ Hearing ___ Individual (age 22-59) ___ Senior Citizen (60 or older)
___ Youth (age 14-21)

\$ _____ Donation Amount

Total Amount Enclosed: \$ _____

Please make Check or Money Order payable to CAD AND mail with this form to:

CAD Membership
226 Appleton Drive.
Goose Creek, SC 29445