

# Lehigh Association of the Deaf

## Membership Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

VP/TTY/Phone: (\_\_\_\_\_) \_\_\_\_\_

Do you want to get club newsletter??  Yes  No

Application's signature: \_\_\_\_\_

Active Member (deaf) - \$12 a year

Active Member (deaf) - \$20 for 2 years

Associate Member (hearing) - \$12 a year

Associate Member (hearing) - \$20 for 2 years

Received by: \_\_\_\_\_ Date: \_\_\_\_\_