KAD Membership Application

Individual Membership Information [one form per person; please print clearly]

First and Last Name: ________________________________________________________________

Street Address / Mailing Address: ______________________________________________________

City: __________________________________ State: ________________ ZIP: ______________

Phone: _______________________ □ VP □ Voice E-mail: ___________________________

Members will receive the e-newsletters by e-mail.

Newsletters by Mail ONLY to who don’t have computer (e-mail access).

Preference in getting newsletters:  □ e-mail □ hard copy

□ Individual membership - $10.00 for a year. □ Individual membership - $20.00 for 2 years.

□ Optional: KAD PROGRAMS: Choose the category(ies) you wish to donate:

Advocacy & Leadership . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . $___________

Youth Programs . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . $___________

Arts & Special Interests . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . $___________

In honor or in memory of ________________________ $___________

Others ______________________________________ $___________

GRAND TOTAL: $_____________

Choose one:  Join □ New Member □ Renewal - Current Member

Check or money order payable to: Kansas Association of the Deaf, Inc.

Mail the application form to:

KAD Membership Coordinator
P.O. Box 10085
Olathe, KS 66051-1385

www.deafkansas.org

The Kansas Association of the Deaf also welcomes contributions and memories.
KAD is classified by the Internal Revenue Service (IRS) as a 501(c)3 nonprofit organization.
Donations are tax deductible to the extend allowed by law.