



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 _____ TTY Voice E-mail _____

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

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

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

Donate \$50.00 (Receive FREE 2-year individual membership) ~ Amounts of your choice ~

Jr. KAD Conference \$ _____

Miss Deaf Kansas Pageant \$ _____

Marra Museum \$ _____

Youth Program \$ _____

Choose one: New Member Renewal

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

Mail the application form to:

KAD Membership Coordinator

PO Box 10085

Olathe, KS 66051-1385

www.deafkansas.org