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 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

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.