



## 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: ☐ New Member ☐ Renewal - Current Member

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

**Kansas Association of the Deaf**  
c/o MDHAC  
455 E. Park St.  
Olathe, Kansas 66061

[www.deafkansas.org](http://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.