



MEMBERSHIP APPLICATION

INDIVIDUAL MEMBERSHIP INFORMATION (one form per person; please print clearly)

FIRST & LAST NAME:

ADDRESS:

CITY, STATE & ZIP:

PHONE:

VP TEXT VOICE

EMAIL:

MEMBERS WILL RECEIVE E-NEWSLETTERS BY EMAIL PROVIDED IN SEVERAL FORMATS:
REGULAR NEWSLETTER, ASL, AND /OR TEXT ONLY.

ONLY FOR THOSE WHO DO NOT HAVE A COMPUTER OR AN EMAIL ADDRESS, PLEASE CHECK IF NEED THIS.

HARD COPY THROUGH USPS (PLEASE CONSIDER MAKING AN DONATION IN ADDITION TO THE MEMBERSHIP FEE TO COVER THE COST OF PRINTING AND POSTAGE)

INDIVIDUAL MEMBERSHIP FOR 2 YEARS

\$ 10.00

OPTIONAL—ADDITIONAL SUPPORT TOWARDS THE KAD MISSION

CHOOSE THE CATEGORY(IES) YOU WISH TO DONATE IN SUPPORT OF:

SOCIAL JUSTICE [LEGISLATIVE, ADVOCACY & LEADERSHIP]

\$ _____

IN HONOR OF OR IN MEMORY OF _____

\$ _____

PRINTING/POSTAGE OR OTHER _____

\$ _____

GRAND TOTAL

\$ _____

CHOOSE ONE:

NEW MEMBER

CURRENT MEMBER—RENEWAL

MAKE CHECK OR MONEY ORDER PAYABLE TO: **KANSAS ASSOCIATION OF THE DEAF**

MAIL TO: **KANSAS ASSOCIATION OF THE DEAF**

C/O MDHAC

455 E. PARK STREET

OLATHE, KS 66061

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

www.deafkansas.org

**In solidarity we PRESERVE, PROTECT & PROMOTE the civil, human,
linguistic, DEAF GAINS and RIGHTS of Deaf Kansans!**