

West Suburban Association for the Deaf
Membership Form



Date _____

Name: _____ Date of Birth: _____

Spouse name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ VideoPhone TTY Voice

Email Address: _____

Check here for Address/Information Correction

*I have read, understood and accept to follow WSAD Constitution and By-laws (posted on our website: www.wsadeaf.org). **THE MEMBERSHIP WILL NOT BE VALID WITHOUT YOUR SIGNATURE(S).***

Signature: X _____

Spouse Signature: X _____

MEMBERSHIP:

- New \$10 – Individual*
 Renewal \$15 – Married Couple/Family (children under 18y/o)
**Multi-year membership accepted*

SELECT ALL THAT APPLY:

- Deaf Hard-of-Hearing Hearing CODA Interpreter
 Male Female Single Married GOLD 50+
 Large Newsletter Prints

ANSWER QUESTIONS BELOW:

Would you be interested in becoming a volunteer for WSAD Committee/events? Yes No
 Would you be interested in becoming a WSAD Board member? Yes No
 Would you like WSAD newsletter/flyers sent via E-mail? Yes No

IDEAS – SUGGESTIONS – IMPROVEMENTS?

Please fill in – Thanks!

Make checks or money order payable to: **West Suburban Association for the Deaf**
 -Mail to: WSAD – Secretary, P.O. Box 3712, Oakbrook, IL 60522

OFFICIAL USE ONLY

Rec'd Date _____ Int: _____ Cash Check/Money Order # _____
 Member's Expiration Date _____