



Iowa Association of the Deaf
Membership Application Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Videophone: _____

Voice Phone: _____

E-mail: _____

Teletext: _____

Others: _____

Check your contact information you want in the IAD Directory:

- All of my contact information VP Phone E-mail Teletext Mailing Address

Note: We do not share your information with other people.

<p>Check one of the boxes:</p> <p><input type="checkbox"/> Active / Associate \$35.00</p> <p><input type="checkbox"/> Senior Citizen (60 and older) \$20.00</p> <p><input type="checkbox"/> Students \$20.00</p>	<p>Make check or money order payable to: <u>Iowa Association of the Deaf</u> and mail this form with a payment to:</p> <p>Jody Bethards, Treasurer 754 Lori Lane Council Bluffs, IA 51503</p>
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Get involved with Iowa Association of the Deaf!