



# IAD MEMBERSHIP APPLICATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  TTY  Voice  VP

E-mail: \_\_\_\_\_

Another Phone: \_\_\_\_\_  TTY  Voice  VP

FAX: \_\_\_\_\_

**Check the contact information you DO NOT want in the IAD Directory:**

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

Check one or more:

Active Member:      Yourself (\$25) \_\_\_\_\_ Your Spouse (\$25)\_\_\_\_\_ = Total: \$ \_\_\_\_\_

Associate Member:    Yourself (\$25) \_\_\_\_\_ Your Spouse (\$25)\_\_\_\_\_ = Total: \$ \_\_\_\_\_

Senior Citizen:      Yourself (\$15) \_\_\_\_\_ Your Spouse (\$15)\_\_\_\_\_ = Total: \$ \_\_\_\_\_

**Make check or money order payable to: Iowa Association of the Deaf and **mail this form with payment to:****

Jerry Siders, Treasurer  
Iowa Association of the Deaf  
6231 Read St.  
Omaha, NE 68152-2232