



# Connecticut Association of the Deaf Membership Application Form

Date \_\_\_\_\_

- CAD Newsletter
- NAD Broadcaster
- Discounts on events & CAD Conference

- New
                         
  Renewal
                         
  Permanent Address Change

Name \_\_\_\_\_ Membership ID#: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: TTY/VP/Voice \_\_\_\_\_ Email \_\_\_\_\_

- Are you Deaf  
  Hard of Hearing  
  Late Deafened  
  Deaf Blind  
  Hearing

### Method of payment

- Check                                     
  Money order                                     
  Cash

Circle level of membership desired below                                      Total Enclosed \$ \_\_\_\_\_  
 (If a student or senior citizen, proof of status must accompany this form)

## Individual Membership Dues

<input type="checkbox"/> <b>Active Member</b> \$17.00/Yr ( <b>Single</b> )	<input type="checkbox"/> <b>Active Member</b> \$29.00/Yr ( <b>Couple</b> )	<input type="checkbox"/> <b>Student</b> \$12.00/Yr	<input type="checkbox"/> <b>Senior Citizen</b> \$12.00/Yr (Age: <b>60</b> )
<input type="checkbox"/> <b>Affiliate Member</b> \$50.00/Yr		<input type="checkbox"/> <b>Contributions:</b> \$ _____	

Complete this application form and return it with your payment to **CAD Treasurer**,  
 P. O. Box 270539  
 West Hartford, CT 06127

CAD is a non-profit, tax exempt organization.  
 All contributions above the costs of membership/contributions are tax deductible.