



Texas Association of the Deaf Membership Application Form

Holiday Offer – good till December 31, 2007

**PLEASE PRINT OUT THIS FORM AND FILL OUT OR FILL OUT
AND EMAIL TO US.**

Today Date: _____

Full Name:	
Organization/Department:	
Address:	
City:	State:
Zip/Postal Code:	
TTY Phone:	
Voice Phone:	
FAX Phone:	
E-mail address:	
Total paid: \$	

Check which is applicable:

- Active Members:** ~~\$15.00~~ **Now \$10.00** until December, 2008 – Any person, 18 years old and up, who is a resident of the State of Texas
- Associate Member:** ~~\$10.00~~ **Now \$5.00** until December, 2008 – Any person, 18 years old and up, who is a non-resident of the State of Texas
- Retired Member:** ~~\$10.00~~ **Now \$5.00** until December, 2008 – Any Texas resident who is 55 years of age or older or who is permanently and occupationally disabled.

**Payable to: Texas Association of the Deaf
8624 Croydon Loop
Austin, Texas 78748-6502**

**TAD is a 501(c)3 organization. All contributions are tax-deductible.
A returned check will be added extra \$25.00 for processing fee
Thank you for your support of TAD!**

For questions about TAD membership,
Contact Membership Chair, members@deaftexas.org
Website address: <http://www.deaftexas.org>