

**Texas Association of the Deaf** *(Conference to conference only)*  
**Two-year Membership Application Form**

**NEW RATES! Check one:**

- \$20.00 Active Member *(Texas resident, 18 years old or older)*
- \$15.00 Associate Member *(Non-Texas resident, 18 years old or older)*
- \$15.00 Retired or Disabled Member *(Texas resident, 55 years old or older, and/or permanently and occupationally disabled).*

**Please print clearly (one person per form)**

First name \_\_\_\_\_ Last name \_\_\_\_\_

Organization (not required) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

E-mail \_\_\_\_\_ Phone Nbr. \_\_\_\_\_

Please make check or money order payable to Texas Association of the Deaf, P.O. Box 1982, Manchaca, TX 78652. A fee of \$20 will be added if a check is returned. For questions about membership, please visit [www.deaftexas.org](http://www.deaftexas.org). TAD is a 501(c)(3) organization; all contributions are tax-deductible.

<b>Office use only</b>	
Date received	_____
\$_____ Pymt. Method	_____
Member #	_____
Effective Date	_____



Texas Association of the Deaf  
P.O. Box 1982  
Manchaca, Texas 78652