



New Jersey Association of the Deaf

An Advocacy and Service Organization

MEMBERSHIP APPLICATION

CONTACT INFORMATION (Please PRINT clearly)				Today's Date:	
First Name:		Last Name:			
Street Address:			Apt/Suite/Unit:		
City:		State:		Zip Code:	
County:					
VP Number:			Cell Number:		
Email Address:					

NJAD MEMBER	<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL
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NJAD MEMBERSHIP CATEGORY (select one)	1 YEAR
Individual	<input type="checkbox"/> \$20
Senior Citizen (60+)	<input type="checkbox"/> \$10
Student (Attach a copy of School ID)	<input type="checkbox"/> \$10
Non-Resident (Out of NJ)	<input type="checkbox"/> \$10
Non-Resident Employee (Out of NJ but work in NJ)	<input type="checkbox"/> \$20
Agency/Organization Affiliate	<input type="checkbox"/> \$30

DONATION

Support NJAD with an additional donation! I would like to make a tax-deductible donation to:

General Fund \$___	Youth Fund \$___	Community Educational Fund \$___	NJ Disaster Relief Fund for Deaf/HH \$___
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Please make your check or money order payable to: **NJAD**

and mail to: **PO Box 132**
Edgewater, NJ 07020

If you prefer to apply and pay online, please visit our website at deafnjad.org/membership
If you have any question about membership, please email us at membership@deafnjad.org

Thank you for your support!

New Jersey Association of the Deaf, Inc. is a non-profit 501(c)3 organization