



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	2 YEARS	3 YEARS
Individual	<input type="checkbox"/> \$20	<input type="checkbox"/> \$35	<input type="checkbox"/> \$50
Senior Citizen (60+)	<input type="checkbox"/> \$10	<input type="checkbox"/> \$20	<input type="checkbox"/> \$30
Student (Attach a copy of School ID)	<input type="checkbox"/> \$10	<input type="checkbox"/> \$20	<input type="checkbox"/> \$30
Non-Resident (Out of NJ)	<input type="checkbox"/> \$10	<input type="checkbox"/> \$20	<input type="checkbox"/> \$30
Non-Resident Employee (Out of NJ but work in NJ)	<input type="checkbox"/> \$20	<input type="checkbox"/> \$40	<input type="checkbox"/> \$60
Agency/Organization Affiliate	<input type="checkbox"/> \$30	<input type="checkbox"/> \$60	<input type="checkbox"/> \$90

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