



Florida Association of the Deaf

7852 Mansfield Hollow Road
Delray Beach, FL 33446

www.fadcentral.org

Membership Application

Date _____

Name _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone/VP/TTY _____

Pager Address _____

Please check below:

<input type="checkbox"/> Deaf
<input type="checkbox"/> Hard of Hearing
<input type="checkbox"/> Deaf-Blind
<input type="checkbox"/> Late-Deafened
<input type="checkbox"/> Hearing

Benefits for Individual Member

<input checked="" type="checkbox"/> Receive FAD membership card for one year
<input checked="" type="checkbox"/> Receive FAD E-Zine
<input checked="" type="checkbox"/> Voting privileges at our biennial conference
<input checked="" type="checkbox"/> Discount to Workshops/Special Events/ Conferences
<input checked="" type="checkbox"/> Opportunity to participate on committees
<input checked="" type="checkbox"/> Advocacy and/or Referral Services

Individual Membership -- \$20.00

Method of Payment

____ Pay Pal on line at www.fadcentral.org and click "Join FAD"

____ Make a check or money order payable to: **Florida Association of the Deaf** - Check # _____

____ Cash

Mail the membership application and payment to:

Cynthia Jacobs
FAD Membership Chairperson
4911 Pinemore Lane
Lake Worth, FL 33463

For Office Use Only	
D_____	E-Z_____
L_____	C_____
E.D. _____	