



Florida Association of the Deaf

PO Box 971134 Boca Raton, FL 33497-1134
www.fadcentral.org

Serving Florida residents since 1917 • Chartered 1951

Membership Application

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

FAD will NEVER share your email address with the third party

Pager Address: _____ Videophone/IP Address: _____

Optional Information:

You are Deaf Hard-of-Hearing Deaf-Blind Late-Deafened Hearing **Gender** Male Female

Ethnicity: Caucasian African-American Hispanic/Latino Other **Age:** 18-30 31-49 50-65 66+

Company you are working: _____

Are you interested to join our FAD team? Yes No

Any deaf, hard of hearing, deaf-blind, late-deafened, and hearing can be a member of FAD, with privileges including the opportunity to serve on committees, discounts to FAD events, and FAD E-Bulletin.

Description	Price
Individual Membership	\$ 20.00
Deaf Women of Florida Membership	\$ 5.00 <i>(optional)</i>
Donation	\$
TOTAL	\$

Method of Payment

- Check- ⇒ Make check or money order payable to: **Florida Association of the Deaf**
- Money Order • Pay online at www.fadcentral.org
- Credit Card • Fill out the form below:

Card Type: (Please Check One)



Credit Card #

Expiration Date

MasterCard/Visa/Bank card -CVS Code (3-digit number on back of card)

Signature

American Express -4-digit number printed on front of card

Mail the membership application and payment to:
Florida Association of the Deaf, PO Box 971134, Boca Raton, FL 33497-1134