

H.C.A.D.

Howard County Association of the Deaf

Membership Form

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

HOME PHONE #: _____ TTY/Voice/Both

WORK PHONE #: _____ TTY/Voice/Both

CELL PHONE #: _____ TTY/Voice/Both

PAGER #: _____ FAX #: _____

Video Phone: _____

I WANT TO BECOME A MEMBER OF HOWARD COUNTY ASSOCIATION OF THE DEAF AS

_____ AN INDIVIDUAL (\$10) _____ A COUPLE (\$15)
_____ A SENIOR (over 62 yrs. Old) (\$5) _____ SENIOR COUPLE (\$10)

Membership through 6/30/2011

Please mail this form and a check (payable to Howard County Association of the Deaf, Inc.) for your annual dues to:

Brenda Kelly-Frey, Member-At-Large HCAD
P. O. Box 761
Clarksville, Maryland 21029