

# Howard County Association of the Deaf (HCAD)

## Membership Form

**Join today and become one of the hundreds of Deaf  
and Deaf supporters across Howard County!**

This form can be used to report new or terminating members or membership information changes to HCAD

The work of the Association – to serve & represent the deaf community, develop a solid partnership with the government and build relationships between hearing & deaf constituents in Howard County - depends on the support and participation of caring and progressive individuals like you. A stronger HCAD with a larger, more active membership is the best hope to enhance the quality of deaf people's lives in Howard County. . Use a separate form for each member.

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **CELL PHONE #:** \_\_\_\_\_ **VP/TTY/Voice**

**HOME PHONE:** \_\_\_\_\_ **VP/TTY/Voice FAX #:** \_\_\_\_\_

With your signature and date below, please print and mail the Membership form to:

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

OR

Check the box without signature and date below, and email the attachment Membership form to Brenda Kelly-Frey at [membership@HCADeaf.org](mailto:membership@HCADeaf.org)

BY SIGNING BELOW IT INDICATES THAT I WANT TO BECOME A MEMBER OF HOWARD COUNTY ASSOCIATION OF THE DEAF AND WISH TO RECEIVE ANNOUNCEMENTS OF EVENTS ELECTRONICALLY.

X \_\_\_\_\_  
**Signature** **Date**