



PHOENIX ASSOC OF THE DEAF

20____ MEMBERSHIP FORM

PLEASE PRINT CLEARLY

Date: _____

Name: _____

Street (Apt/Ste/Lot): _____

City: _____ State: _____ Zip: _____

Email: _____ VP: _____

Signature: _____

Please check below that interests you.

Events: Volunteer:

Sports: Workshops:

Game and Funs: Mail Flyers:

Membership Fees

Please mark one that applies you

Regular Card: \$10.00

Gold Card: \$100.00

Donation: Any Amount \$

Thank you for your SUPPORT!

Please mail this to:
1545 West Osborn Road
Phoenix, Arizona 85015

OFFICE USE ONLY

Method of payment: New Renewal

Cash Effective On: _____

Check Expires On: _____

Treasurer Signature: _____

Member Dir Signature: _____

Notify President:

We don't share nor sell to third parties. This is
confident information.