



PHOENIX ASSOCIATION OF THE DEAF ORGANIZATION MEMBERSHIP 20__ MEMBERSHIP FORM PLEASE PRINT CLEARLY

Date: _____

Organization Name: _____

Street (Apt/Ste/Lot): _____

City: _____ State: _____ Zip: _____

Contact Person: _____ VP: _____

Email: _____ Page Nbr: _____

President/Director: _____ Email: _____

Vice President: _____ Email: _____

Secretary: _____ Email: _____

Treasurer: _____ Email: _____

Benefits of Membership

- Discounted Rental Rate
- PAD website links to your website
- Events Announcement on Email Tree
- Liability Insurance
- Annual Membership Fee
- One vote at PAD General Meeting
- Volunteer at Fundraiser Program
- Mailbox at PDCC

Agreement: As an organization member of PAD, I, as a representative to my organization, agree to adhere to the Organization Membership Policy and Procedure.

Name/Position

Date

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.