WASHINGTON STATE ASSOCIATION OF THE DEAF

WSAD Membership Form

JOIN WSAD! Add YOUR voice with us!

Annual Membership Dues: (Jan-Dec)

New 1st Time:	**$ 8.00**	Individual:	$15.00
Senior Citizen (60 & Over):	$12.00	Interpreter:	$15.00
Child/Student (up to age 18):	$10.00	Affiliate Organization:	$15.00

Yes, I would like to join WSAD!

Name: _____

Address:_____

City: _____ **State:** _____ **Zip Code:** _____

Phone (will be kept confidential) **Voice / TTY / Both:** _____

Video Phone (D-Link or Sorenson) or Fax: _____

Email: _____

Choice of Newsletter: **Electronic Newsletter (MS Word or Adobe Reader)** _____

Mailing Newsletter Printed _____

Donations: (In Addition to Membership Fee)

General Fund: (Purpose: Funding for operational expenses) $_____

Endowment: (Purpose: To safeguard rights and interests) $_____

TOTAL amount enclosed: $_____

Print this and make check or money order payable to WSAD and mail to:

Lester Morris, WSAD Treasurer
13503 80th Ave S.
Seattle, WA 98178

Any Donations made to WSAD are Tax Deductible, WSAD is incorporated as a 501c (3) non-profit organization.