



# Membership Application Form

## Georgia Association of the Deaf

**Member Information (please print)**

Name	
Address	
City State ZIP Code	
Date of Birth	
Phone	TTY/VP/FAX (Circle all that apply)
E-Mail	
Deaf/Hard-of-Hearing/Deaf-Blind/Hearing (circle one)	

### Special Rate for GAD Membership

\$10.00 per person

Limited Time Offer ends December 1, 2009

Please circle one:	New Membership	Continue Membership	Rejoin GAD
Please circle one:	\$10.00 for one year	\$20.00 for two (2) years	Free – Student (HS only)
Student only - require Teacher's Signature			
Donation: (tax deductible)	\$		
Total Amount	\$		

Please fill out your special rate membership application and mail with your check "GAD" to:

**GAD**  
**Attention: Membership Chair**  
**PO Box 1616**  
**Stockbridge, GA 30281-1616**