



Ohio Association of the Deaf, Inc.

c/o Elisha Jo Northup
P.O. Box 5736, Toledo, OH 43613
(419) 386-2032

Membership Form Year 2020

Mission Statement: *To advocate and preserve the rights, equal access and services of all deaf and hard of hearing Ohioans, including education, economic and government without communication barriers.*

New Membership

Renewal Membership

Today's Date: _____

Member: _____
Last name First name
Address

Street: _____

City/State/Zip: _____

County: _____ **Phone:** _____

Email Address: _____

Anniversary (mm/dd/yy): _____ **Date of Birth (mm/dd/yy):** _____

Correspondence Preference

Electronic

Postal Mail

Identification Class

- Deaf
- Hard of Hearing
- Deaf-Blind
- Oral
- Hearing

Region

- Northeast
- Northwest
- Central
- Southeast
- Southwest

Preferred Language

- ASL
- Spoken English
- ProTacile
- Special Accommodations:

Annual Membership

January 1st - December 31st

- Individual - \$15.00
- High School Student (Jr NAD recipient) - \$3.00
- Senior Citizens (60 years or older) - \$12.00
- Interested in Electronic Newsletter for free via E-Mail
- Interested in Newsletter via Postal Mail (Add \$5 to defray the cost of printing & postage.)
- Interested in becoming a registered voter in the state of Ohio.

MEMBERSHIP DRIVE SPECIAL - \$1.00
All ages accepted. Postmark deadline
before January 31, 2020.

*Disclaimer: *Renewal Membership Dues by January 31st*