



# Ohio Association of the Deaf, Inc.

P.O. Box 9794  
Canton, OH 44711

## Membership Form Year 2021

**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**

### **Region**

### **Preferred Language**

Deaf

Northeast

ASL

Hard of Hearing

Northwest

Spoken English

Deaf-Blind

Central

ProTactile

Oral

Southeast

Special Accommodations:

Hearing

Southwest

\_\_\_\_\_

### **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 email

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.

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