



Ohio Association of the Deaf, Inc.

P.O. Box 5452
Poland, OH 44514

Membership Form Year 2023

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

Street: _____

City/State/Zip: _____

Email Address: _____

Phone: _____ Date of Birth (mm/dd/yy): _____

Identification Class	Region	Preferred Language
<input type="checkbox"/> Deaf	<input type="checkbox"/> Northeast	<input type="checkbox"/> ASL
<input type="checkbox"/> Hard of Hearing	<input type="checkbox"/> Northwest	<input type="checkbox"/> Spoken English
<input type="checkbox"/> Deaf-Blind	<input type="checkbox"/> Central	<input type="checkbox"/> ProTactile
<input type="checkbox"/> Oral	<input type="checkbox"/> Southeast	<input type="checkbox"/> SpecialAccommodations:
<input type="checkbox"/> Hearing	<input type="checkbox"/> Southwest	_____

Annual Membership January 1st – December 31st

- Individual - \$15.00
- Senior Citizens (60 years or older) - \$12.00
- High School Student (Jr NAD recipient) - \$3.00

- Interested in Electronic Newsletter for free via email
- Interested in Newsletter via Postal Mail (Add \$5 to defray the cost of printing & postage.)

Donation to OAD in amount of \$ _____, for purpose of _____
(Note: If Donation Purpose is not indicated the Amount will be applied to the General Fund)



Please send your check, cashier's check, or money order payable to **Ohio Association of the Deaf, Inc.**

Mail this form to

Ohio Association of the Deaf, Inc., P.O. Box 5452, Poland, OH 44514

Or scan, email form to membership@oad-deaf.org, and pay electronically through <https://ohio-association-of-the-deaf-inc.square.site/>

