ARKANSAS ASSOCIATION OF THE DEAF, INC.

Membership Application Form

PLEASE PRINT THIS FORM

Each individual member require fill out separate form

Full Name: _____

Organization/Department: _____

Address: _____

City: _____ **State**: _____ **Zip/Postal Code**: _____

TTY/Videophone Phone: (____) _____ **Voice Phone**: (____) _____

FAX: (____) _____ **Cell/Text Phone**: (____) _____

Email Address: _____

❑ Active Membership $20.00

❑ I would like to make an additional donation in the amount of…….. …$_____

Please see that my donation goes to: ❑ AAD scholarship ❑ Youth program

❑ ASD Museum ❑ AAD Senior Citizens ❑ Other_____

Total amount enclosed ..... $_____

Make check or money order payable to AAD or charge by credit card and mail to:
AAD, Attn: Membership, P.O. Box 55063, Little Rock, AR 72215-5063

Or Pay by Credit Card:

Pay by Credit Card: ___ Visa ___ MasterCard ___ Discover

ACCT #: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Expiration Date: ___ ___ / ___ ___ ***Security Code:** ___ ___ ___
m m y y

Who name on card: _____
Please Print Clearly

Note: Security Code number is on the back of your credit card. If you prefer to call with your Security Code #, you may call at this number 866-640-0399 (Videophone)

Signature: _____ **Phone Number: (__ __ __) __ __ __ - __ __ __ __**

AAD is a 501 (c) 3 organization. All contributions are tax-deductible.
Any returned checks will be charged an extra $25.00.
For questions about AAD Membership, contact Ernest Northup at treasurer@arkad.org

Thank you for your support of AAD!
Visit us on the web: www.arkad.org