

MDA Membership Application Form

We welcome hearing, Deaf, deaf, hard of hearing, and deaf-blind persons to join the Michigan Deaf Association, Inc. if they wish to support MDA's objectives.

The benefits of membership are:

- Newsletter: **THE MDA RECORD**
- Activities at member rates
- Chapter activities
- Opportunity to represent Michigan's Deaf and hard of hearing people.
- Website: **www.mideaf.org**



Annual Dues:

- Regular individual member: \$15.00
- Senior Citizens (60 and up): \$13.00
- Organization or Agency Affiliation: \$50

Any questions, contact Membership Coordinator. Thank you for your support and interest in MDA. Make out check or money order to Michigan Deaf Association and mail it to:

Freida Morrison, Membership Coordinator
%Michigan Deaf Association
3374 Wolverine Dr.
Troy, MI 48083

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Videophone: _____

Phone _____ tty voice both Fax: _____

Email address: _____

_____ One-year regular membership \$15

_____ Two-year regular membership \$30

_____ One-year Senior (Age 60 up) \$13

_____ Two-year Senior (Age 60 up) \$26

_____ Organization/Agency Affiliation \$50

(NAME OF REPRESENTATIVE: _____)