

MDA Membership Application Form

(Free one year for any current year high school graduate)

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 Treasurer. Thank you for your support and interest in MDA.

Make out this application and mail it to:
Freida Morrison, Membership Coordinator
1505 W. Court St., Suite 234
Flint, MI 48503

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ TTY Voice Both

Fax: _____

Email address: _____

High School: _____

Date of Graduation: _____