



Michigan Deaf Association  
ATTN: Freida Morrison - Membership Coordinator  
3374 Wolverine Dr. Troy, MI 48083

# MDA Membership Application Form

We welcome all people to join the Michigan Deaf Association (MDA). By becoming a member, you will receive the following benefits:

- Newsletter - The MDA Record
- Activities at members rate
- Chapter activities
- Represent MDA
- Advocacy

Membership Rates:	
•Regular -----	\$15.00
•Senior Citizens (60 and up) -----	\$13.00
•Organization or Agency Affiliation -	\$50.00

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Circle one) VP / Phone

E-mail: \_\_\_\_\_

**Please choose your membership:**

- |   |   |
|---|---|
| _____ 1 year <u>regular</u> membership ---\$15.00   | _____ 2 year <u>senior</u> (age 60 +) ----- \$26.00 |
| _____ 2 year <u>regular</u> membership -- \$30.00   | _____ Organization/Agency Affiliation - \$50.00     |
| _____ 1 year <u>senior</u> (age 60 +) ----- \$13.00 |   |

Thank you for your interest and your support.

Please make your check or money order payable to ***Michigan Deaf Association*** and mail to:  
Freida Morrison - 3374 Wolverine Dr. Troy, MI 48083

If you have any questions, please contact the Membership Coordinator.