

Minnesota Association of Deaf Citizens

MADC



EST. 1885

Please Print

Name _____

Address _____

Phone _____

E-mail _____

Membership Fees (check one):

- | | | | |
|-----------------------------|-----------------------------------|------------------------------------|------------------------------------|
| Regular (\$10/year) | <input type="checkbox"/> One year | <input type="checkbox"/> Two years | <input type="checkbox"/> ___ years |
| Senior Citizens* (\$8/year) | <input type="checkbox"/> One year | <input type="checkbox"/> Two years | <input type="checkbox"/> ___ years |
| H.S. Students (\$5/year) | <input type="checkbox"/> One year | <input type="checkbox"/> Two years | <input type="checkbox"/> ___ years |
| Organization (\$25/year) | <input type="checkbox"/> One year | <input type="checkbox"/> Two years | <input type="checkbox"/> ___ years |

* Senior Citizens: 55 years or older

Membership: \$ _____

Donations: \$ _____

TOTAL: \$ _____

I prefer to get my newsletter via:

- E-mail (in color) U.S. Mail (in black/white)

I am: (check one)

- Deaf DeafBlind Hard of Hearing CODA Hearing

Make checks payable to MADDC, and mail to:

MADC
c/o Jane Harders
604 7th Ave. NE
Stewartville, MN 55976-1531

Please allow 3-6 weeks for processing.

JOIN TODAY!

**Or join online at
www.minndeaf.org!**