

Interstate Association of the Deaf

Membership Due \$ 5.00 A Year Per Person

*NAME: _____

*ADDRESS: _____

* CITY/STATE: _____

* ZIP CODE: _____

EMAIL: _____

*SIGNATURE: _____

* DATE: _____

PAYABLE TO: I.A.D.

MAIL TO: I.A.D.

P.O. BOX 692

MAUGANSVILLE, MD 21767

*** REQUIRED**

TREASURER ONLY

DATE: _____

PAID: \$ _____

PAY BY: _____

EXPIRED: _____ / _____

NEW : _____

RENEWAL : _____

AT DOOR : _____

BY MAIL : _____

ID CARD: _____

LIST:

ADM: _____

MAIL: _____

EMAIL: _____

Initial _____

REVISED: 01/11(2)