



Connecticut Association of the Deaf

Membership Application Form

Date _____

~ CAD Newsletter

~ NAD Broadcaster

~ Discounts on events & CAD Conference

New

Renewal

Permanent Address Change

Name _____

Membership ID # _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ e-mail _____

Are you Deaf

Hard of Hearing

Late Deafened

Deaf Blind

Hearing

Method of payment

Check

Money order

Cash

Circle level of membership desired below

Total Enclosed \$ _____

(If a student or senior citizen, proof of status must accompany this form)

Individual Membership Dues

Active Member
\$17.00/Yr (Single)

Active Member
\$29.00/Yr (Couple)

Student
\$12.00/Yr

Senior Citizen
\$12.00/Yr (Age 60)

Affiliate Member
\$50.00/Yr

Contributions \$ _____

Complete this application form and return it with your payment to **CAD Treasurer**,

P.O. Box 270539

West Hartford, CT 06127

CAD is a non-profit, tax exempt organization.

All contributions above the costs of membership/contributions are tax deductible.