

Alabama Association of the Deaf Membership Form



Name: _____

Street: _____

City/Zip Code: _____

E-mail (Optional): _____

One year membership \$15 _____
Two years membership \$30 _____

If you would like to make a donation, you can do so to the following categories:

General Fund \$ _____ Advocacy \$ _____
Scholarship \$ _____ State Pageant \$ _____

Thanks for your contribution!

Mail to:
William (Ram) Gordon, Jr., Treasurer
1301 Campbell Lane
Talladega, AL 35160

**I grant permission to Alabama Association of the Deaf, Inc. (AAD) and its affiliates to use my name and/or photographs for use in AAD publications such as recruiting brochures, newsletters, and to use my name/and or photographs on display boards, and to use my name and/or photographs in electronic versions of the same publications or on the AAD web site or other electronic forms or media.

Please check the box below if you do or do not want your name/picture used in any AAD publications:

_____ YES (if you are under 18 years ago, you must have your parent or legal guardian sign below)
_____ NO

Signature of parent or legal guardian (if under 18 years of age): _____

Your membership support makes it possible for AAD to:

- Preserve and increase deaf awareness, deaf culture, and deaf heritage
- Network in the state legislature and among state agencies
- Advocate for the civil rights of deaf and hard of hearing Alabamians including employment and educational rights
- Support and participate in programs involving deaf and hard of hearing Alabamians
- Promote future deaf and hard of hearing leaders through programs and services
- Award scholarships
- Provide workshops and trainings
- Provide newsletters and a website