



# Illinois Association of the Deaf

## Affiliate / Chapter Form

\* Required to Fill out

Organization\* \_\_\_\_\_

Contact Person's Name\* \_\_\_\_\_

Contact Person's Title\* \_\_\_\_\_

Street\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Telephone\* \_\_\_\_\_  TTY  Videophone  Voice

Email Address\* \_\_\_\_\_

Website \_\_\_\_\_

Check here for updated information

**Affiliate / Chapter (Select one):**

- Chapter of IAD \$ 50.00 .....\$ \_\_\_\_\_
- Affiliated Organization (Non-Profit) \$ 50.00 .....\$ \_\_\_\_\_
- Government Agency \$ 50.00 .....\$ \_\_\_\_\_
- Agency/Business (Profit) \$ 250.00 .....\$ \_\_\_\_\_

**Organizational Contributions:**

The IAD welcomes donations from both non-profit and for-profit organizations. The IAD is a 501(c)(3) non-profit organization; all contributions are tax deductible to the extent allowed by law. Contributions may be directed towards specific program efforts of the IAD.

Yes! Here is my contribution: \$ \_\_\_\_\_

Make check or money order payable to **ILLINOIS ASSOCIATION OF THE DEAF**

Mail to IAD Treasurer  
**Joe Obermaier, C/O IAD Membership Dues,**  
**P.O. Box 1275 , Oak Park, IL 60304-1275**

**OFFICIAL USE ONLY**

Rec'd Date \_\_\_\_\_  Cash  Check/Money Order # \_\_\_\_\_

Affiliate / Chapter Membership Expiration Date \_\_\_\_\_