



Membership/Donation Form

2010 Vale Street • Champaign, IL 61822 • www.iadeaf.org

Contact Information

Please print clearly, use one form per person.

Name _____

Email _____

VP/Voice _____

Spouse/Partner _____

Email _____

Address _____

City/State/Zip _____

Membership Status

New Member Returning Member*

Continuing Member

* If your membership has expired for three months or more

Select all apply

Deaf Hard of Hearing Interpreter

Hearing CODA Have Deaf Children

Chapter of IAD (Choose one)

Chicago Fox Valley (Aurora)

Illini (Champaign) Jacksonville

McLakes (Lake & McHenry Counties)

Springfield Stephen Decatur (Decatur)

None

Join or Renew Membership:

Circle one

	1 yr.	2 yrs.	3 yrs.
<input type="radio"/> Individual	\$ 5	\$25	\$45
<input type="radio"/> Senior (60 years or older)	\$ 5	\$23	\$41
<input type="radio"/> Student (Attach copy of ID Card)	\$ 5	\$20	\$35

Make Donations

IAD cannot operate without your sincere support, please make your donation today!

General Fund \$ _____

Conference Fund \$ _____

Senior Citizen Fund \$ _____

Family Program Fund \$ _____

J.B. and Bea Davis Scholarship \$ _____

Francis L. Huffman Fund \$ _____

Deaf Youth Fund \$ _____

Youth Leadership Camp \$ _____

Total Donation Amount \$ _____

Make an In Honor Of/Memorial Gift

Amount \$ _____

Please fill a full name of memorial of below:

In Honor/Memorial of _____

Payment Information

Payable to **IAD** **Total \$** _____

Cash

Check/Money Order # _____

PayPal* www.iadeaf.org/join

* Accept credit cards and PayPal payments online

Official Use Only

Received date _____

Next expiration date _____