



# WSAD MEMBERSHIP FORM



Date \_\_\_\_\_ Date of Birth (optional): \_\_\_\_\_

Name: \_\_\_\_\_

Spouse name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_  TTY  Voice  Both

Email Address: \_\_\_\_\_

Check here for Address/Information Correction

*I have read, understood and accept to follow WSAD Constitution and By-laws (posted on our website: [www.wsadeaf.org](http://www.wsadeaf.org)). THE MEMBERSHIP WILL NOT BE VALID WITHOUT YOUR SIGNATURE(S).*

Signature: **X** \_\_\_\_\_

Spouse Signature: **X** \_\_\_\_\_

### MEMBERSHIP:

- New       \$10 – Individual\*  
 Renewal       \$15 – Married Couple/Family (children under 18y/o)  
*\*Multi-year membership accepted*

Make checks payable to: **West Suburban Association for the Deaf**

### SELECT ALL THAT APPLY:

- |                               |  |                                  |
|-------------------------------|--|----------------------------------|
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Hard-of-Hearing | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> CODA | <input type="checkbox"/> Interpreter     | <input type="checkbox"/> Single  |
| <input type="checkbox"/> Male | <input type="checkbox"/> Female          | <input type="checkbox"/> Married |

### ANSWER QUESTIONS BELOW:

- Would you be interested in becoming a volunteer for WSAD Committee/events? **Yes** **No**
- Would you be interested in becoming a WSAD Board member? **Yes** **No**
- Would you like WSAD newsletter/flyers sent via E-mail? **Yes** **No**

### IDEAS – SUGGESTIONS – IMPROVEMENTS?

Please fill in – Thanks!

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Mail to: WSAD - Secretary  
P.O. Box 3712  
Oakbrook, IL 60522

