



American Association of the Deaf-Blind

MEMBERSHIP APPLICATION

New Renew (New Address?) Date: _____

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: (_____) _____ Voice ___ TTY ___ VP ___

Work Phone: (_____) _____ Voice ___ TTY ___ VP ___

Email: _____

Fax: (_____) _____

Check ONE: Membership Type Dues

___ Active (deaf-blind & permanent USA resident) \$10/year

___ Associate (USA non-deaf-blind supporter) \$10/year

___ International..... USD \$10/year

___ Organization (Non-Profit).....\$50/year

___ Organization (For Profit)..... \$75/year

Check ONE: In what format do you want:

DBA Magazine (Organizations select two)

___ Email Attachment (PDF in Regular and Large Print)

___ Regular Print

___ Large Print (18-pt. bold)

___ Braille (Gr. 2)

___ Disk (MSWord and Text)

___ CD (PDF, MSWord and Text)

How did you hear about us?

Friend's Name _____ Other _____

SEE OTHER SIDE FOR PAYMENT INFORMATION

Membership Dues (from other side)	\$
Tax-deductible donation – THANK YOU!	\$
Total	\$

**AADB IS THE ONLY NATIONAL ORGANIZATION
OF, BY AND FOR DEAF-BLIND AMERICANS
THANK YOU FOR SUPPORTING AADB!**

TO PAY BY CHECK:
Please make check or money order payable to AADB and send along with this form to:
AADB
8630 Fenton Street, Suite 121
Silver Spring, MD 20910-3803

TO PAY BY CREDIT CARD* (Visa or MasterCard only)*:
Do not email credit card information!

Card Type: ___ Visa ___ MasterCard
Card Number: _____
Expiration Date: Month/Year ____/____
Name (as on card): _____
Signature: _____
Billing Address (if different from other side)
Street: _____
City/State/Zip: _____
Home Phone Number: _____

***If you pay by credit card, you may fax your membership form and credit card info to AADB at (301) 495-4404.**

For membership benefits, go to AADB's website at www.aadb.org or contact the AADB Office at (301) 495-4402 (TTY/VP), (301) 495-4403 (Voice), or (301) 495-4404 (Fax).

For Office Use Only

Received: Date _____ **\$** _____ **Acknowledged: Date** _____ **Exp.** _____