



# AADB INDIVIDUAL

## MEMBERSHIP APPLICATION

New \_\_\_ Renew \_\_\_

**MEMBER INFORMATION:** Name: \_\_\_\_\_

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

City/State/Zip/Country: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Text Number: \_\_\_\_\_

**MEMBERSHIP CATEGORY:** Please Check One:

ACTIVE – DeafBlind, US Residents \_\_\_\_\_

ASSOCIATE – Non DeafBlind, US Residents \_\_\_\_\_

INTERNATIONAL – Non US Residents, DeafBlind or Supporters \_\_\_\_\_

**MEMBERSHIP TERM & DUES:** Please Check one:

1 year: \$15 \_\_\_ 2 years: \$25 \_\_\_ 3 years: \$30 \_\_\_ Lifetime: \$500 \_\_\_

**PLEASE LIST BELOW THE AMOUNT YOU ARE PAYING**

Your Membership Dues \$ \_\_\_\_\_

Tax-Deductible Donation \$ \_\_\_\_\_

Total Payment \$ \_\_\_\_\_

All payments you choose can be completed by using PayPal. Go to this link: [https://www.paypal.com/donate/?token=ESj97EyCqeQMQVQN5OJHUEarWSa0K3QaEWMZrdMXj2pzo\\_Tm4B6G2dko2FOJKy0b0jacnG&country.x=US&locale.x=US](https://www.paypal.com/donate/?token=ESj97EyCqeQMQVQN5OJHUEarWSa0K3QaEWMZrdMXj2pzo_Tm4B6G2dko2FOJKy0b0jacnG&country.x=US&locale.x=US)

In completion of this application and payments, please send this form to:

Sarah Goodwin, Treasurer: [segoodwin@outlook.com](mailto:segoodwin@outlook.com)

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For AADB Purpose Only:

Date Received: \_\_\_\_\_

Total Amount received: \_\_\_\_\_