



# INDIVIDUAL MEMBERSHIP APPLICATION

New \_\_\_\_\_

Renew \_\_\_\_\_

## MEMBER INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Phone \_\_\_\_\_ Text \_\_\_\_\_

## MEMBERSHIP CATEGORY – Please circle one:

**ACTIVE**  
DeafBlind  
US Resident

**ASSOCIATE**  
Non DeafBlind  
US Resident

**INTERNATIONAL**  
DeafBlind or Supporter  
Non US Resident

## MEMBERSHIP TERM & DUES – Please circle one:

1 year: \$15

2 years: \$25

3 years: \$30

Lifetime: \$500

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

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

**THANK YOU!**

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

## FORMAT FOR INFORMATION – Please circle your preference:

E-mail

Large Print: 16 bold

Braille: grade 1

Braille: grade 2

## PLEASE MAIL YOUR APPLICATION & PAYMENT TO AADB

c/o Mark Gasaway 3825 LaVista Road, W-2 Tucker, GA 30084

*For AADB Use Only:* Date Received \_\_\_\_\_ Amount Received \_\_\_\_\_