

**Greater Richmond Chapter
Of
Virginia Association of the Deaf
MEMBERSHIP FORM**

Please print clearly.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ VP ____ TTY ____ VOICE ____ (Please Check)

E-Mail Address: _____

How do you want to be contacted about future meetings and events?

____ By regular mail at your home address or ____ By e-mail

Your privacy will be protected. This information is for GRCVAD officers to be use for GRCVAD official information. We can contact you about GRCVAD activities and events. The information **WILL NOT BE RELEASED** without your permission.

Membership Dues are \$10.00 per year. _____ New Member _____ Renewal

Please make the payment to **GRCVAD or Greater Richmond Chapter of VAD**

WARNING: Returned checks will carry a penalty of **\$35.00**

Thank you and welcome to GRCVAD!

Treasurer's Record

Please do not write below

Check number _____ Money Order number _____ Cash _____

Status: New Member: _____ Renewal: _____

Mail to:

Greater Richmond Chapter of VAD

P. O. Box 155

Mechanicsville, Virginia 23111-0155