



Northern Virginia Association of the Deaf Membership Application

	___ New Member	___ Renewal Member
Membership Type	Individual	
Active	\$10.00 ___	
Associate	\$10.00 ___	
Active - Senior Citizen*	\$10.00 ___	
Associate—Senior Citizen*	\$10.00 ___	
Student with ID	\$5.00 ___	

** You must be 55 or older to qualify for Senior Citizen rates.*

Contributions				
\$10.00 ___	\$25.00 ___	\$30.00 ___	\$40.00 ___	Other \$ _____

Please make your check or money order payable to NVAD and mail with **membership form** to:

Mary Beatty, NVAD Membership Coordinator
%Northern Virginia Resource Center

3951 Pender Drive, suite 130, Fairfax, VA 22030

If you have any questions or concerns, please contact:

Any questions or concerns, please contact Mary at Beattygirl3@gmail.com

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

VP: _____ TOTAL: \$ _____

Visit our website: <http://www.vad.org/nvad.html>

NVAD is a non-profit 501(c)(3) organization.

Thank you for your support!