

Northern Virginia Association of the Deaf Membership Application



YEAR: _____

____ New Member	____ Renewal Member
Membership Type	Individual
Active _____	\$20.00 _____
Associate _____	
Student with ID	\$10.00 _____

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:

NVAD Treasurer, c/o NVRC
10467 White Granite Drive, Suite 312, Oakton, VA 22124

For online payments: **Paypal** <https://paypal.me/nvad1945>

Venmo: <https://venmo.com/NVAD1945>

Zelle: nvadtreasurer1945@gmail.com (Most banks have Zelle. When sending money, please use the email address.)

For credit card payments, meet the NVAD Treasurer at NVAD General Meetings/events or email at nvadtreasurer1945@gmail.com.

Any questions or concerns? Please contact: nvadevents@gmail.com

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

VP: _____ TEXT: _____

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

Thank you for your support!