



AZAD MEMBERSHIP FORM

To apply for membership, please complete all questions.

One form per person.

For all ages 18 and up, under age of 18 FREE

\$24.00 (good until State Conference 2021)

NEW

RENEWAL

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL: _____

PHONE NUMBER: _____

SIGNATURE: _____

DATE SIGNED: _____

Mail with a check or money order payable to Arizona Association of the Deaf, Inc:

Arizona Association of the Deaf, Inc.
Attn: AZAD Treasurer
1545 W. Osborn Road
Phoenix, AZ 85015

CashApp: \$AZADINC
PAYPAL: Treasurer@azadinc.org

THANK YOU FOR SUPPORTING AZAD