



## 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 2025)

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: \$AZAD1936  
PAYPAL: [Treasurer@azadinc.org](mailto:Treasurer@azadinc.org)

**THANK YOU FOR SUPPORTING AZAD**