

Maryland Cued Speech Association
P.O. Box 9173
Silver Spring, MD 20916

MEMBERSHIP FORM
September 2007 – August 2008

First Name: _____ Last Name: _____ Deaf/Hearing/HOH

Family Members: _____
(For family memberships, please include the names of other family members living at the same address, as well as whether they are deaf, hearing or hard of hearing.)

Children (age 18 and younger): _____
(For demographic purposes, please identify your children, their ages, and whether they are deaf, hearing, or hard of hearing.)

Organization Name (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip code: _____ County: _____

Home Phone: _____ (Voice/TTY) Cell Phone: _____ (Voice/SMS)

Emergency Contact: _____
(Please provide name and number of emergency contact; if deaf, please note that)

E-mail address: _____

MEMBERSHIP RATES

ONE YEAR		
Student (w/ current ID)	\$10.00	<input type="checkbox"/>
Individual	\$20.00	<input type="checkbox"/>
Family	\$30.00	<input type="checkbox"/>
Organization/Corporate	\$40.00	<input type="checkbox"/>

TWO YEARS		
Individual	\$35.00	<input type="checkbox"/>
Family	\$55.00	<input type="checkbox"/>
Organization/Corporate	\$70.00	<input type="checkbox"/>

DONATION:

\$10 \$25 \$50 \$100 \$ _____

Please make checks payable to the *Maryland Cued Speech Association*. Write on your check what type of membership you have (e.g., individual, one-year, etc.). Thank you for supporting the MDCSA!