



South Carolina Association of the Deaf
New or Renewal Membership Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Voice/VP/TTY Phone No. _____ Fax No. _____
(Circle one)

Email Address: _____

MEMBERSHIP

_____ X \$10 A YEAR PER PERSON

_____ COUPLE \$20 A YEAR
(MUST BE IN SAME HOUSEHOLD)

- Deaf
- Hard of Hearing
- Hearing

Category:

- Individual (age 22 - 59)
- Senior Citizen (60 yrs. or older)
- Youth (age 14 - 21)

\$ _____ Donation Amount

Tax-deductible Donation

SCAD is a non-profit organization, designated 501 C-3 by the IRS. Your additional donation to SCAD helps us continue our work, and may be tax deductible for you!

\$ _____ **TOTAL AMOUNT ENCLOSED**

Please make **Check** or **Money Order** payable to **SCAD** AND mail with this form to:

SCAD Membership
437 Center St.
West Columbia, SC 29169

or join/renew online at sc-deaf.org/join-scad