



# South Carolina Association of the Deaf, Inc.

## MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

### INDIVIDUAL MEMBERSHIP

\_\_\_\_\_ X \$10 A YEAR PER PERSON

- Deaf/Hard of Hearing
- Hearing

\*\*\*\*\*

**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!

Category:

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

\$ \_\_\_\_\_ Donation Amount

\*\*\*\*\*

\$ \_\_\_\_\_ TOTAL AMOUNT ENCLOSED

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

**SCAD, Inc. Membership**  
**437 Center St.**  
**West Columbia, SC 29169**

Rev. 6-23-18