



**Massachusetts State
Association of the Deaf, Inc.
MEMBERSHIP FORM**

Check one:

Individual - \$

Family - \$30

Student - \$10.00

FREE

Senior Citizen (65+) - \$

Affiliated - \$75.00

Out of State - \$15.00

FREE

Name: _____

Family Member: _____ # of child(ren): _____
(Only if Family Membership is selected)

Business Name: _____ # of employees: _____
(Only if Affiliated Membership is selected)

Address: _____

City: _____ State: _____ Zip Code _____

E-mail: _____

Family Member's e-mail: _____

Videophone/phone: _____

Check one (optional):

Deaf

Hard of Hearing

DeafBlind

Hearing

Late Deafened

CODA

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