



Connecticut Association of the Deaf

Membership Form
(January 1 – December 31)

Date _____

Includes CAD Newsletter, Discounts for CAD Conference & Other Events

New

Renewal

Permanent Address Change

Individual Membership Dues

Active Member
\$20.00/Year (Single)

Active Member
\$35.00/ Year (Couple)

Student
\$15.00/ Year

Senior Citizens
\$15.00/ Year (Age: 60)

Affiliate Member
\$50.00/Year

Contribution \$ _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE (TTY/VP/Voice): _____ EMAIL: _____

Deaf

Hard of Hearing

Late Deafened

DeafBlind

Hearing

Special Request for Newsletter:

Hard Copy

OR

Electronic Copy

Method of Payment:

Check

Money Order

Cash

Total enclosed

\$ _____

Mail this form to:

CAD Treasurer
135 N. Plains Industrial Road
Wallingford, CT 06492