

Montana Association of the Deaf, Inc. (MAD) Membership Application

Name_____

Address_____

City_____ State_____ Zip Code_____

Phone_____ VP_____ TTY_____

Fax_____ Email_____

_____ \$20.00 for one year membership: May 1 to April 30

_____ Yes, here is my donation: \$_____

_____ Total membership and donation

Check or money order payable to
Montana Association of the Deaf, Inc
and mail to:

David Wise, MAD Treasurer
1141 4th Ave
Vaughn, MT 59487-9720

Membership benefits!!

1. You will receive four newsletters a year
2. You will receive a directory of individuals and services of, by, and for the Deaf and Hard of Hearing at odd-numbered year

Come and join with us as we go on a new journey every year