### Membership/Donation Form

**Illinois Association of the Deaf**

P.O. Box 2161 • Palatine, IL 60078 • [www.iadeaf.org](http://www.iadeaf.org)

(224) 232-8798 VP & [membership@iadeaf.org](mailto:membership@iadeaf.org) Email

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#### Contact Information

_Please print clearly, use one form per person._

- **Name** ____________________________
- **Email** ____________________________
- **VP/Voice/Text** ____________________________
- **Address** ____________________________
- **City/State/Zip** ____________________________

Check One: I want to receive _regular updates_ from IAD via email.  ○ Yes or ○ No.

#### Membership Status

- ○ New Member  ○ Returning Member*
- ○ Continuing Member

*If your membership has expired for three months or more

#### Select all apply

- ○ Deaf  ○ Hard of Hearing  ○ Interpreter
- ○ Hearing  ○ CODA  ○ Have Deaf Children

#### Chapter of IAD (Choose one)

- ○ Chicago  ○ Illini (Champaign)  ○ Jacksonville
- ○ McLakes (Lake & McHenry Countries)  ○ Springfield
- ○ None

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#### Join or Renew individual membership

<table>
<thead>
<tr>
<th></th>
<th>1 yr</th>
<th>2 yr</th>
<th>3 yr</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Regular</strong></td>
<td>$5</td>
<td>$10</td>
<td>$15</td>
</tr>
<tr>
<td><strong>Associate (K-12 Students, Hearing Individuals and Non-Illinois Residents)</strong></td>
<td>$5</td>
<td>$10</td>
<td>$15</td>
</tr>
</tbody>
</table>

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#### Make Donations

IAD cannot operate without your sincere support, please make your donation today!

- ○ General Fund $__________
- ○ Conference Fund $__________
- ○ Senior Citizen Fund $__________
- ○ Family Program Fund $__________
- ○ J.B. and Bea Davis Scholarship $__________
- ○ Francis L. Huffman Fund $__________
- ○ Deaf Youth Fund $__________
- ○ Youth Leadership Camp $__________

**Total Donation Amount** $__________

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#### Make an In Honor Of/Memorial Gift

Amount $__________

Please fill a full name of memorial of below:

_In Honor/Memorial of ____________________________

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#### Payment Information (Payable to IAD)

**Total** $__________

- ○ Cash
- ○ Check/Money Order #__________
- ○ Credit Cards* [www.iadeaf.org/individual](http://www.iadeaf.org/individual)

*Accept credit cards payments online

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#### Official Use Only

Received date ____________________________

Next expiration date ____________________________

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_The IAD is classified by the Internal Revenue Service as a 501(c)(3) nonprofits organization. Donations are tax-deductible to the extent allowed by laws._

**THANK YOU FOR YOUR SUPPORT!**