Effective November 2025

Membership/Donation Form

P.O Box 565 • Jacksonville, IL 62650 • www.iadeaf.org

Email: membership@iadeaf.org

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
- ☐ No

Membership Status

- ☐ New Member
- ☐ Returning Member*
- ☐ Continuing Member

** If your membership has expired for three months or more*

Select all that apply

- ☐ Deaf
- ☐ DeafBlind
- ☐ Hard of Hearing
- ☐ Hearing
- ☐ CODA
- ☐ Have Deaf Children
- ☐ Interpreter

Regions of IAD *(Choose one) Map: https://iadeaf.org/6059*

- ☐ Region 1
- ☐ Region 2
- ☐ Region 3
- ☐ Region 4
- ☐ Region 5 (JIAD)
- ☐ Region 6 (Illini)
- ☐ Region 7

Join or Renew individual membership

	1 yr
☐ Regular	$15
☐ Associate (K-12 Students, Hearing Individuals and Non-Illinois Residents)	$15
☐ Senior Citizens (+70)	$10/yr

Donation Options

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

- ☐ General Fund $_____
- ☐ Conference Fund $_____
- ☐ Senior Citizen $_____
- ☐ Family Program Fund $_____
- ☐ J.B. and Bea Davis Scholarship $_____
- ☐ Francis L. Huffman Fund $_____
- ☐ Deaf Youth Fund $_____
- ☐ Youth Leadership Camp $_____
- ☐ LEAD-K Fund $_____

Total Donation Amount $ _____

☐ **In Honor Of/Memorial Gift**

Amount $_____

Please provide the full name of the person in honor memorial of below:

_____

Payment Information *(Payable to **IAD**)*

Total $_____

- ☐ Cash
- ☐ Check/Money Order #_____
- ☐ Credit Cards* www.iadeaf.org/individual

**Credit card payments accepted online only*

Official Use Only

Received date _____

Next expiration date _____

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

THANK YOU FOR YOUR SUPPORT!