



Greater Washington Asian Deaf Association
P. O. Box 2454
Washington, DC 20013

New Membership Renewal

Full name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Country: _____

Email Address: _____

VP No: _____ Fax No: _____

- | | | | |
|---|---------|---|---------|
| <input type="radio"/> Individual Member | \$10.00 | <input type="radio"/> Couple/Family | \$15.00 |
| <input type="radio"/> Senior Citizen (60+) | \$5.00 | <input type="radio"/> Senior Citizen Couple | \$7.00 |
| <input type="radio"/> Student | \$5.00 | <input type="radio"/> For Overseas Membership | \$5.00 |
| <input type="radio"/> Donation _____ | | | |

Your annual GWADA membership fee includes a subscription of the "GWADA Newsletter". Please make a check or money order (in U.S. Currency Only) payable to **GWADA** and send to **GWADA Treasurer, P. O. Box 2454, Washington, DC 20013**. Thank you!