



National Black Deaf Advocates Individual Membership Form

Associate Member: \$15.00

Please check one: New Member Renew Membership

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ TTY Voice VideoPhone: _____

As a member, you will receive:

- Quarterly newsletters
- Discounts to conferences
- Special invitations to sponsored workshops
- Discounts on NBDA merchandise

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Make check or money order payable to: National Black Deaf Advocates

Mail to: Martina Moore-Reid, NBDA Treasurer
804 Meadow Edge Trail, Apt. 1-D
Whitsett, NC 27377

If you have any questions, please contact NBDA Treasurer:
VP – 919-380-0018
Email: treasurer@nbda.org

Thank you for joining us!

Received date: _____ Check#: _____ Cash: _____