

MEMBERSHIP APPLICATION / RENEWAL / INFO CHANGE FORM

Join if you are a non-member or renew if your membership has expired. Members are eligible to vote in annual Chicago Chapter elections as well as receive our quarterly newsletter and reduced rates at ALDA Chicago conferences and workshops. Sign up now! For additional information, visit our website at www.aldachicago.org.

NOTE: Membership in ALDA Chicago is separate from membership in the parent organization, ALDA Inc. You now have the option to select Dual Membership to belong to both; or visit the ALDA Inc. website, www.alda.org, for their membership form and fee schedule. You can also write to ALDA Inc. at 8038 Macintosh Lane, Suite 2, Rockford, IL 61107-5336 or call 815-332-1515 Voice/TTY; toll-free at 866-402-2532 Voice/TTY; 877-907-1738 Fax.

Name: _____

Address: _____

City, State and Zip: _____

Phone/Type: _____ / _____ **E-Mail:** _____

Birth Month and Day (year not needed): _____ for extending Happy Birthday wishes to you.

I would like to serve as:

- A "Buddy" providing support and information to other late-deafened adults in my area
- An ALDA Chicago Board Member
- A member of an ALDA Chicago Committee, preferably _____
Name of Committee, if known

- I want to join an ALDA Chicago Neighborhood** (3-digit zipcode prefix) and hereby give ALDA Chicago permission to release my contact info to others in my neighborhood group. I understand that ALDA Chicago cannot guarantee my privacy after my contact info is released within the "neighborhood". I also agree to keep any personal information of neighborhood members in confidence after I receive it: _____

Signature (required)

How did you hear about ALDA Chicago? _____

Membership Dues:

Individual \$15.00 (One year)
Business/Organization... \$25.00 (One year)
Dual Membership \$40.00 (One year)
(Both ALDA Inc. & ALDA Chicago)

Please make check payable to ALDA CHICAGO and mail to:

ALDA CHICAGO MEMBERSHIP
P.O. Box 102
Lombard, IL 60148

If Dual Membership is selected, (please circle one): Regular (Under age 65) Senior (65 & over) Veteran

Membership Type:

This is a (please circle one) New / Renewal membership for _____ years.

- I am also enclosing a TAX DEDUCTIBLE DONATION of \$ _____

Total Amount Enclosed: \$ _____

THANKS FOR YOUR INTEREST AND SUPPORT