



Bay Area Coalition of Deaf Senior Citizens, Inc.

Non-Profit 501(3)(c) Organization

MEMBERSHIP APPLICATION

All information will remain confidential.

**Membership dues: \$10.00 for 3 years
(Jan 1, 2022 – Jan 1, 2025)**

ANYONE who is 50 years old or better is welcome to join.

Name: _____ Birthdate _____
(mm/dd/yyyy)

Name: _____ Birthdate _____
(mm/dd/yyyy)

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ VP #: _____

Total Membership Dues: \$ _____

Yes – Can share my email address with any deaf organizations for various events or workshops and advertisements.

No – Please do not share my email with any deaf organizations.

Please fill out this form and send with your check or money order payable to **BACDSC** and mail to:

BACDSC
c/o Maureen Nieves, Treasurer
8002 Iglesia Drive
Dublin, CA 94568



Check our website: www.bacdsc.org

FOR OFFICE USE:

(Please do not fill this out)

Check or MO # _____ or Cash _____ Amount \$ _____ Date rec' _____ Due Date _____ Init _____

Check or MO # _____ or Cash _____ Amount \$ _____ Date rec' _____ Due Date _____ Init _____