



Bay Area Coalition of Deaf Senior Citizens, Inc.

Non-Profit 501(C)(3) Organization

MEMBERSHIP APPLICATION

Membership dues: **\$20.00** per person per year

*All information will remain confidential. *

Last Name from A to I is due in April.

Last Name from J to Z is due in October.

Name: _____ \$ _____

Name: _____ \$ _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

VP #: _____

New member

Membership renewal

Preferred method of receiving Senior Quest E-Blast newsletter, information, etc. from BACDSC: (Choose one, please). We strongly encourage you to select email because we mail bi-monthly newsletter meanwhile we email newsletter monthly. The reason is to help save the cost of postage and hard copies.

Email

Mail

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** to:

BACDSC

c/o Shirley Dart, Membership Director

4141 Deep Creek Rd. #137

Fremont, CA 94555

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 _____