

PSAD Membership

Pick one: <input type="checkbox"/> Deaf <input type="checkbox"/> Hard of Hearing <input type="checkbox"/> Hearing	<input type="checkbox"/> <u>Lifetime Membership</u> \$40.00 – Check or Money Order	<input type="checkbox"/> <u>Organization Membership</u> \$50.00 per year – Check or Money Order
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Please submit one membership form per person.



PSAD Member Profile Form

Please fill out this form, write a check or Money order payable to PSAD.

Please mail this form to: Lynn K. Stroud, PSAD Membership
Secretary, PO Box 42, Middlebury Center, PA 16935

Any questions, please email: membershipsecretary@psad.org

Circle one: Mr. Mrs. Ms. Dr.

First Name: _____ Middle Name: _____

Last Name: _____ Suffix: _____

Organization (if applicable): _____

Birth Date: _____ Registered to Vote: Yes or No

Address: _____

City: _____ State: _____ Zip Code: _____

Videophone: _____ Phone/TTY: _____ Fax: _____

Email address: _____