

# PSAD Membership

Pick one: <input type="checkbox"/> Deaf <input type="checkbox"/> Hard of Hearing <input type="checkbox"/> Hearing	<input type="checkbox"/> <b><u>Lifetime Membership</u></b> \$40.00 – Check or Money Order	<input type="checkbox"/> <b><u>Organization Membership</u></b> \$50.00 per year – Check or Money Order
--	--	---

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 to: Grace Shirk-Emmons, PSAD Membership  
Secretary 1961 New St East Petersburg, PA 17520  
Videophone: 717-283-4179 or Email: [membershipsecretary@psad.org](mailto: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: \_\_\_\_\_