



Windy City Rainbow Alliance of the Deaf 2008 Membership Application

Name: _____
(Please Print Clearly)

Address: _____

City/State/Zip: _____

Email: _____

VP/Text #: _____

Membership Dues: (Mark "X" that applies)

\$10 Membership

\$7 Discount: Senior Citizens (62 and up), Full-Time Students,
People with HIV/AIDS

Regular

- * Discounts at WCRAD/RAD09 Events
- * Voice/Vote privileges
- * Admittance to Members-Only and Special Events
- * Right to seek officers of WCRAD
- * Right to seek chair of committees

Associate

- * Discounts at WCRAD/RAD09 Events
- * Voice privileges
- * Admittance to Members-Only and Special Events

Deaf Hard of Hearing Hearing

Make Payable to: WCRAD
Mail to: WCRAD, 3656 N. Halsted Street, Chicago, IL 60613

~ ~ ~ ~ ~ ~ ~ For WCRAD Office Use Only ~ ~ ~ ~ ~ ~ ~
Received by: Amount \$ _____ Cash \$ _____ Check # _____ Money Order # _____
President/Treasurer Signature: _____ Date: _____
Membership Status: <input type="checkbox"/> -New <input type="checkbox"/> -Renew → Start Date: _____ Exp. Date: _____
Membership Card? [Y / N] Sent: <input type="checkbox"/> -Card Date: _____ Subscribe WCRAD email? [Y / N]