

PSAD Membership Application Form

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 \$42.00 – Credit Card	<input type="checkbox"/> <u>Organization Membership</u> \$50.00 per year – Check or \$52.50 per year – Credit Card
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Please submit one membership form per person.



PSAD Member Profile Form

Please fill out this form, write a check, or include your credit card information below.
Please mail to: Ms. Tracy Marchese, PSAD Membership Secretary
112 Linden Avenue, Monessen, PA 15062
Videophone: 724-653-5501 or Email: membershipsecretary@psadweb.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: _____

Please make a check or money order payable to PSAD. Please note that a \$25.00 service charge will be added to total amount owed if a check is returned. If you wish to use your credit card, a 5% bank-handling fee will be added. Thank you.

Please circle one: Visa Master Discover American Express

Card number: _____
 Expiration Date: _____
 CVS Number (back of card): _____
 Signature: _____

