

PSAD Membership Application Form

Please choose one membership type: Individual Membership Organization Membership
Fill out appropriate membership type below and print neatly

INDIVIDUAL MEMBERSHIP

Please check one box. Are you
 Deaf/Hard of Hearing? Hearing?

Please choose one membership box below

- Life Member—\$125.00
 Life Plan Member—\$25.00 per year for five years
 Annual Member—\$25.00 per year

Please fill out member profile form below

Note: Newsletter subscription is NOT included. To subscribe to the newsletter, please fill out the newsletter application form below.

Mail whole page form and check to:

Lynn Stroud - PSAD Membership Secretary
948 Lacey Creek Road, Middlebury Center, PA 16935

ORGANIZATION MEMBERSHIP

- Organization Member—\$50.00 per year

Note: Newsletter Subscription is included.



PSAD Newsletter Subscription Application Form

Please choose one newsletter subscription type:

- One-year subscription—\$5.00 Two-year subscription—\$10.00 Three-year subscription—\$15.00

Fill out appropriate membership profile form below

PSAD Member Profile Form

Prefix (Please check one box) Mr. Mrs. Ms. Dr. _____

First Name _____ Middle Name _____

Last Name _____ Suffix _____

Organization Name (if any) _____

Birth Date _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Fax (_____) _____

E-mail Address _____

Please make a check or money order payable to PSAD. Note: A \$25.00 service charge will be added to your total account if a check is returned. When you wish to use your credit card, a 5% bank-handling fee will be added to your Master or Visa. Thank you.

Please check one box Visa Master Charge

Account No. _____

Expiration Date _____

Signature _____

