

ALDA-Boston Membership Form

To become a member of ALDA-Boston and to receive the monthly ALDAgram and notices of events and meetings, mail this form with your check made out to ALDA-Boston to:

ALDA-Boston
P.O Box 600622
Newtonville, MA 02460

Name: _____

Address: _____

City, State, Zip: _____

TTYTDD: _____ Voice: _____

Email: _____

Circle one: Late-Deafened Hard-of-Hearing Hearing Born Deaf Other

Circle one: Renewal New Member

Annual dues: (check one):

Individual Member \$15.00 (late-deafened individuals, their families and friends)

Professional Member: \$25.00 (service providers)

Business Member: \$40.00 (individuals or organizations engaged in for-profit sales of goods and/or services)

Donation: \$ _____ (optional)

How did you find out about ALDA-Boston? _____

Your interests and hobbies: _____

I am interested in the following areas: Activities Planning Finance/Fundraising
 Outreach Newsletter Advocacy Special Events

Thank you for your membership and support!

Signature: _____

Date: _____

ALDA Boston is a 501c3 non-profit organization, and your dues and donations may be tax deductible.