



**South Carolina Association of the Deaf**  
**New or Renewal Membership Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Voice/VP/TTY Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
(Circle one)

Email Address: \_\_\_\_\_

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**INDIVIDUAL MEMBERSHIP**

\_\_\_\_\_ X \$10 A YEAR PER PERSON

- Deaf
- Hard of Hearing
- Hearing

**Category:**

- Individual (age 22 - 59)
- Senior Citizen (60 yrs. or older)
- Youth (age 14 - 21)

\$ \_\_\_\_\_ Donation Amount

**Tax-deductible Donation**  
SCAD is a non-profit organization, designated 501 C-3 by the IRS. Your additional donation to SCAD helps us continue our work, and may be tax deductible for you!

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\$ \_\_\_\_\_ **TOTAL AMOUNT ENCLOSED**

Please make **Check** or **Money Order** payable to **SCAD** AND mail with this form to:

**SCAD Membership**  
**437 Center St.**  
**West Columbia, SC 29169**

Rev. 6-23-18