

**Membership Application
Houston Black Deaf Advocates, Inc.**

NEW

RENEWAL

Date: ___/___/___ until ___/___/___

Birthdate: ___/___/___
(Optional)

Name: _____
(Last) (First)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Text: _____
(Please circle: Videophone / TTY / Voice)

Email Address: _____

Please Check:

DEAF

REGULAR MEMBERSHIP \$25.00

HARD OF HEARING

SENIOR CITIZEN \$20.00

HEARING

STUDENT \$20.00

ORGANIZATION/BUSINESS \$75.00

Please remit of mail \$20, \$25, or \$75 Membership Dues to:

HBDA
c/o HBDA Treasurer
Po. Box 262138
Houston, Texas 77207 - 2138

Please make checks/ money orders payable to HBDA