

# MEMBERSHIP APPLICATION HOUSTON BLACK DEAF ADVOCATES, INC

DATE: \_\_\_/\_\_\_/\_\_\_

BIRTHDATE \_\_\_/\_\_\_/\_\_\_  
(OPTIONAL)

NAME: \_\_\_\_\_  
(LAST) (FIRST)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE HOME: \_\_\_\_\_ WORK: \_\_\_\_\_  
(PLEASE INDICATE TTY/VOICE/VP) (OPTIONAL TTY/VOICE/VP)

EMAIL ADDRESS: \_\_\_\_\_

PLEASE CHECK:

I\_\_I RENEWAL

I\_\_I NEW MEMBERSHIP

I\_\_I DEAF

I\_\_I SIGN LANGUAGE  
INTERPRETER

I\_\_I HARD OF HEARING

I\_\_I SIGN LANGUAGE STUDENT

I\_\_I SENIOR CITIZEN \$20.00

PLEASE REMIT OR MAIL \$20 or \$25.00 MEMBERSHIP DUES TO:

HBDA

C/O HBDA TREASURER

P.O. BOX 262138

HOUSTON, TEXAS 77207-2138

\*PLEASE MAKE CHECKS/MONEY ORDERS PAYABLE TO HBDA.