

Hampton Roads Chapter  
of the  
Virginia Association of the Deaf

## Annual Membership Dues

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
VP: \_\_\_\_\_ TDD: \_\_\_\_\_

### Annual HRCVAD Membership Dues:

Individual	_____ \$10.00 (1 yr)	_____ \$17.00 (2 yrs)
Couple	_____ \$14.00 (1 yr)	_____ \$22.00 (2 yrs)
Senior (55+ ) Individual	_____ \$6.00 (1 yr)	_____ \$12.00 (2 yrs)
Senior (55+ ) Couple	_____ \$10.00 (1 yr)	_____ \$18.00 (2 yrs)
Under 18 years old*	_____ Free (1 yr)	
18 to 21 years old	_____ \$5 w/ID Student	

\* At least one parent/guardian must be a member of HRCVAD and must accompany their child(ren) during meetings and events.

Please make a check payable to HRCVAD and mail it to:

Sally J. Thompson  
HRCVAD Treasurer  
P.O. Box 7225  
Hampton, VA 23666