



# Puget Sound Association of the Deaf

## Membership Form

*Become part of our vibrant and diverse community today!*

First Name

Last Name

Membership:

Individual Membership - \$10     Lifetime Membership - \$250

Check which applies to you:

Deaf                       DeafBlind                       Hard of Hearing  
 Deaf+                       Late-Deafened                       Hearing

Gender:

Male                       Female                       Other

Street address

City

State/Province

Postal/Zip Code

Country

E-mail

VP

Text

**Tell us which activities and events are you interested in? Check as many you like:**

- |  |  |                                    |  |
|--|--|------------------------------------|--|
| <input type="checkbox"/> Indoor bowling  | <input type="checkbox"/> Disc golf                                     | <input type="checkbox"/> Kayaking  | <input type="checkbox"/> Fishing         |
| <input type="checkbox"/> Hiking/camping  | <input type="checkbox"/> Cinema  | <input type="checkbox"/> Workshops | <input type="checkbox"/> Cooking/cuisine |
| <input type="checkbox"/> Visual arts     | <input type="checkbox"/> Performing arts: drama, dancing               |                                    | <input type="checkbox"/> Theater         |
| <input type="checkbox"/> Sporting events | <input type="checkbox"/> Photography/videography                       |                                    | <input type="checkbox"/> Game night      |
| <input type="checkbox"/> Cultural events | <input type="checkbox"/> Technology (web-design, graphic design, etc.) |                                    |  |
| <input type="checkbox"/> Workshops       | <input type="checkbox"/> Family friendly activities                    |                                    |  |
| <input type="checkbox"/> Other _____     |  |                                    |  |

I would like to become a member of Puget Sound Association of the Deaf. I agree to follow the By-laws and Policies/Procedures of the Puget Sound Association of the Deaf. I understand the Puget Sound Association of the Deaf's Nondiscrimination Policy: Our Commitment to Inclusion and Respect. This policy states the Puget Sound Association of the Deaf's position on discrimination. This policy applies to all Puget Sound Association of the Deaf employees, volunteers, members, clients and contractors. The Puget Sound Association of the Deaf does not discriminate in the basis of race, creed, color, ethnicity, national origin, religion, sex, sexual orientation, gender expression, age, height, weight, People with Disabilities, physical or mental ability, veteran status, military obligations, communication modalities and marital status. This policy also applies to internal promotions, training, opportunities for advancement, terminations, outside vendors, organization members and customers, service clients, use of contractors and consultants, and dealings with the general public.

**I have read and understood this declaration and agree to these terms and conditions.**

Name \_\_\_\_\_

Date \_\_\_\_\_