

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:

David Murphy, Sr.
HRCVAD Treasurer
P.O. Box 7225
Hampton, VA 23666