

2024 NCADB MEMBERSHIP & SUBSCRIPTION ANNUAL FORM

APPLICANT INFORMATION

Name: _____

Spouse/Partner: _____

Current address: _____ Apt. #: _____

City: _____ State: _____ ZIP Code: _____

Email: _____

Home #: (____) _____ TDD VP Voice

MEMBERSHIP AND SUBSCRIPTION DUES

Choose one:

____ \$20 – Single General Membership

____ \$35 – Couple General Memberships

____ \$10 – Newsletter Subscription ONLY (Non-member)

____ \$10 – Out of State Membership

Optional: Check here if prefer to receive the newsletter by hard copy mail.

____ Yes

Choose print type:

____ Braille ____ Large Print (LP) ____ Regular (R)

DUES SUMMARY

Membership(s): \$ _____

Subscription: \$ _____

Donation (Optional): \$ _____

(Donation goes to NCADB General Fund – Thank You)

TOTAL: \$ _____

Payable to NCADB. Please mail completed form with your payment to:
NCADB

Attn: Membership

P.O. Box 5154

Concord, CA 94524

Northern California Association for the Deaf-Blind Membership and Subscription Annual Form

NCADB welcomes anyone to join the longest running deaf-blind organization in the country. Being part of NCADB, everyone will receive invitations to all community recreational and social events, and general meetings.

General Membership:

Any individual (deaf-blind or sighted) who resides in California State. He/She can participate in all aspects of NCADB, from sitting on the Board to participating in various events. This includes the right to vote at General Meetings.

Couple General Memberships:

Same privileges as General Membership but receives discounted membership dues

Newsletter Subscription Only:

Likes to stay informed about what's happening with NCADB, receive newsletters and notifications about future events. Unlike the General Membership, he/she doesn't have the right to vote at General Meetings.

Out of State Membership:

Any individual who does not reside in California (outside of California). He/She wants to support NCADB - same as General Membership but unable vote in person at General Meetings.