



NEW ORLEANS BLACK DEAF ADVOCATES, INC.

Membership Application

JANUARY 01, 2020 ~ DECEMBER 31, 2020

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Cell Phone #: _____ ☐ Text Only ☐ Text & Voice

Video Phone #: _____ ☐ Sorenson ☐ Purple ☐ Other

Birthday: _____ (Month & Day) Anniversary: _____

Membership Category: _____

Committee Interest: ☐ Fund Raising ☐ Workshops ☐ Mardi Gras Ball ☐ Youth Recruitment ☐ Membership

☐ **Regular Member - \$30.00**

- A. Supporting the aim and objective of NOBDA as set forth in Constitution and By-Laws.
- B. Shall have the rights of the membership including the ability to hold office and vote.
- C. Shall pay the annual dues for the period January 01 – December 31.

☐ **Senior Citizen Member - \$20.00**

Birthday ____ / ____ / ____

- A. Supporting the aim and objective of NOBDA as set forth in Constitution and By-Laws.
- B. Shall have the rights of the membership including the ability to hold office and vote.
- C. Shall pay the annual dues for the period January 01 – December 31.
- D. Shall be conferred to individuals at the age of 55 and over.

☐ **Student Member - \$20.00**

School: _____

- A. Supporting the aim and objective of NOBDA as set forth in Constitution and By-Laws.
- B. Shall have the rights of the membership including the ability to hold office and vote.
- C. Shall pay the annual dues for the period January 01 – December 31.
- D. Shall be conferred to individuals enrolled full-time at secondary or post-secondary programs.

☐ **Organizational Member - \$50.00**

- A. Supporting the aim and objective of NOBDA as set forth in Constitution and By-Laws.
- B. Shall have the rights of the membership excluding the ability to hold office and vote.
- C. Shall pay the annual dues for the period January 01 – December 31.

Member's Signature

Date

Kindly return the completed application along with payment to:
NOBDA Membership ♣ Post Office Box 791541 ♣ New Orleans, LA ♣ 70179-1541