



## MEMBERSHIP FORM

**\$5.00 PER PERSON**

\*All information will remain confidential.\*

(membership expires on November of each year)

[www.SFDeafClub.org](http://www.SFDeafClub.org)

Full Name: \_\_\_\_\_ \$ \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ \$ \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

VP #: \_\_\_\_\_ Fax # \_\_\_\_\_

TTY # \_\_\_\_\_

New membership

Renewal

Prefer method of receiving news, information, etc from SFCD: (Choose one, please)

Email

Mail

Make check or money order payable to SFCD and send to:

Judy Ford, Membership Director

173 Arvada Court

San Ramon, CA 94583