



www.nwjad.org

Northwest Jersey Association of the Deaf, Inc.



Membership Form



Flyers & Minutes Can Only Be Sent to PAID UP Members Only.

THANK YOU for Your Support!

Membership is open to anyone 16 years of age or older.

(NOTE: Parent/Guardian must sign this form if member is under 18 years of age.)

Flyers / Upcoming Events Info may be sent via **Email** or by **Mail** To All Members

Please clear print - E-mail Address: _____

E-mail Address: _____

New Member (s)

Renewal Member (s)

\$15.00 for 2 years- Regular Member (Age 18 to 61)

\$ 5.00 - 2nd Member (Use back of this form for 3rd & 4th Member)

\$ 5.00 - for each Senior Citizens (Age 62 and up)

MEMBER #1: LAST NAME: _____ FIRST NAME _____

Check One: Regular Senior Citizen

MEMBER #2: LAST NAME: _____ FIRST NAME _____

Check One: Regular Senior Citizen

ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____ - _____

TELEPHONE _____ TTY () VOICE () ~ EMAIL ADDRESS _____

I, the undersigned, agree that as a member/visitor of Northwest Jersey Association of the Deaf, INC. (NWJAD), and in consideration for the benefits I shall receive as a member/visitor, I shall assume all risks for me and any minor under my care involved in participating in any and all events of the membership. I further agree that any property damage which I or any minor under my care shall cause, whether as result of membership or not, to the premises the Association occupies, shall be entirely my responsibility. I agree to hold the NWJAD and any and all of its officers harmless and indemnified against all debts, obligations and liabilities that may result due to my membership, status as a visitor or invitees, or activities associated with same.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

Each Member MUST sign the form ...Thank You



Please make check payable to: NWJAD, Inc.
Please mail check with this form to
NWJAD, PO Box 533, Gladstone, NJ 07934



Thank you for your support!