

# Arizona Deaf Senior Citizens Coalition, Inc.

## 2021 Membership and Donation Form

Name (First Person): \_\_\_\_\_

Are you a member of organization shown? If yes, please circle: PAD TDCC ADBC NWDSS

Name (Second Person): \_\_\_\_\_

Are you a member of organization shown? If yes, please circle: PAD TDCC ADBC NWDSS

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

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

VP/Phone: \_\_\_\_\_ Text: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail 1<sup>st</sup> Person: \_\_\_\_\_

E-Mail 2<sup>nd</sup> Person: \_\_\_\_\_

Active Membership (40 yrs. old & over) X \$10.00 per person = \$\_\_\_\_\_

Associate Membership (39 yrs. old & under) X \$5.00 per person = \$\_\_\_\_\_

Donation (**ADSCC is a 501(c)(3) non-profit organization, Tax ID: 86-0357035**) \$\_\_\_\_\_

**TOTAL** \$\_\_\_\_\_

**Thank you for supporting ADSCC!**

Please pay above total amount to authorized person or mail check or money order payable to:

**ADSCC, Inc.**  
Harvey Goodstein, ADSCC Treasurer  
8845 E Rimrock Drive  
Scottsdale, AZ 85255

### Office Use Only

Total amount: \$\_\_\_\_\_

Method of Payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ Date received: \_\_\_\_\_

Authorized Person's Signature: \_\_\_\_\_ Treasurer's Signature: \_\_\_\_\_