

# Arizona Deaf Senior Citizens Coalition, Inc.

## 2024 Membership and Donation Form

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

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

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

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

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

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

VP/Phone: \_\_\_\_\_ Mobile Text: \_\_\_\_\_

E-Mail 1<sup>st</sup> Person (please print clearly): \_\_\_\_\_

E-Mail 2<sup>nd</sup> Person (please print clearly) : \_\_\_\_\_

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(3) non-profit organization, Tax ID: 86-0357035**) \$ \_\_\_\_\_

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

**Thank you for supporting ADSCC!**

Please mail the form along with check or money order payable to:

**ADSCC, Inc.**  
Ron Rhodes, ADSCC Treasurer  
15717 W Vernon Ave  
Goodyear, AZ 85395

Or you may want to make payment to ADSCC using Cash App. Send cash to: \$ADSCC.

Or you may want to scan form and send email attachment to [adscc treasurer@gmail.com](mailto:adscc treasurer@gmail.com).

### Office Use Only

Total amount: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_

Method of Payment: Check \_\_\_\_\_ Money Order \_\_\_\_\_ Cash App \_\_\_\_\_

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