

ARIZONA DEAF SENIOR CITIZENS COALITION, INC.

2025 Membership and Donation Form

Name: _____

Name (Spouse/Partner): _____

City: _____ State: _____ Zip Code: _____

E-Mail 1st Person (please print clearly): _____

E-Mail 2nd 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(c)3 nonprofit organization. Tax ID: 86-0357035) \$_____

TOTAL \$_____

Mail Option: 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

Online / CashApp Option: <https://www.adsc.org/join-donate-online>

To learn more about ADSCC and Apache ASL Trails, visit
<https://www.adsc.org/>

Thank you for supporting ADSCC!