2019-2020 MDSC Membership Application Form

* mddeafseniors@gmail.com * www.mddeafseniors.org * Maryland Deaf Senior Citizens, Inc. (FB) *

Please fill out and mail this membership form to **Cindy Pettie, MDSC Treasurer at 3001 Tremont Avenue. Cheverly, MD 20785** with cash or check payable to **MDSC** by **Tuesday, October 1, 2019** OR give the form and the money to Cindy at the August 15th or September 19th event.

MEMBER(S) INFORMATION (For internal use only.) Please print clearly.

First & Last Name _____

E-mail Address _____

Spouse/Partner's First & Last Name_____

Spouse/Partner's email address_____

Mailing Address/City, State, Zip Code_____

Videophone _____

REGULAR MEMBERSHIP (Covers monthly room rental, food and drinks at monthly events and trips, and additional expenses.)

- Membership Fee $25
- 3 Catered Lunch ($10 each) $30
- Holiday Luncheon $25

  _____
  TOTAL $80 $_____

SPECIAL MEMBERSHIP (Covers general expenses and Holiday Luncheon only)

- Membership Fee $25
- Holiday Luncheon $25

  _____
- TOTAL $50 $_____

NONMEMBERS/VISITORS (Covers one event.)

- Admission Fee $10 per event
- Catered Lunch $15 per event
- Holiday Luncheon $50 $_____

DONATION (All contributions to MDSC, a 501(c)3 organization, are tax-deductible. Thank you for your support!)

( ) MDSC General Fund $_____
( ) Deaf-Blind Interpreting Fund $_____
( ) SSP for Deaf-Blind members Fund $_____
( ) Discretionary fund to support individuals with financial needs $_____
( ) Other: $_____

- ( ) Anniversary _____
- ( ) Birthday _____
- ( ) In Honor/Memory Of _____
- ( ) Retirement _____
- ( ) Wedding _____
- ( ) Other _____

GRAND TOTAL $_____

DATE RECEIVED ___/___/____