



MDSC New Membership Application

* Pandemic Form *

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

This form is for **new** members only. Please fill out and mail this membership form to **Cathy Thompson, MDSC Treasurer, at 2423 Hunting Lane, Waldorf, MD, 20601-2929**, with cash or check payable to **MDSC**. You can also pay via Cash App at \$MDSC2020 and mail the filled membership form to Cathy. Any questions, email Cathy at gibberd56@gmail.com.

NEW MEMBER(S) INFORMATION (FOR INTERNAL USE ONLY)

SELF	PARTNER/SPOUSE
LAST NAME:	LAST NAME:
FIRST NAME:	FIRST NAME:
HOME ADDRESS:	HOME ADDRESS:
EMAIL ADDRESS:	EMAIL ADDRESS:
VP NUMBER:	VP NUMBER:
TEXT NUMBER:	TEXT NUMBER:
BIRTH DATE (DD/MM/YYYY):	BIRTH DATE (DD/MM/YYYY):
ANNIVERSARY DATE (DD/MM/YYYY):	ANNIVERSARY DATE (DD/MM/YYYY):
<p>MEMBERSHIP covers admissions and zoom links to special presentations, chat time, special email announcements, gift card drawing, general expenses, and voting rights.</p> <p>FEE \$ <u>20.00</u></p> <p>DONATION (optional): MDSC is a 501(c)(3) organization so contributions are tax-deductible.</p> <ul style="list-style-type: none"> • MDSC General Fund \$ _____ • Deaf-Blind Interpreting Fund \$ _____ • SSP for Deaf-Blind members Fund \$ _____ • Discretionary fund to support individuals with financial needs \$ _____ • Special Occasion: \$ _____ <ul style="list-style-type: none"> () Anniversary () In Honor/Memory of _____ \$ _____ () Retirement () Birthday () Wedding Other: _____ \$ _____ <p>TOTAL \$ _____</p>	<p>MEMBERSHIP covers admissions and zoom links to special presentations, chat time, special email announcements, gift card drawing, general expenses, and voting rights.</p> <p>FEE \$ <u>20.00</u></p> <p>DONATION (optional): MDSC is a 501(c)(3) organization so contributions are tax-deductible.</p> <ul style="list-style-type: none"> • MDSC General Fund \$ _____ • Deaf-Blind Interpreting Fund \$ _____ • SSP for Deaf-Blind members Fund \$ _____ • Discretionary fund to support individuals with financial needs \$ _____ • Special Occasion: \$ _____ <ul style="list-style-type: none"> () Anniversary () In Honor/Memory of _____ \$ _____ () Retirement () Birthday () Wedding Other: _____ \$ _____ <p>TOTAL \$ _____</p>
DATE RECEIVED ____/____/____	CASH APP ____ CHECK # ____ CASH ____