



## MDSC Membership Form

August 1, 2024 - July 31, 2025

### Individual Member Information

(For Internal Use ONLY)

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Membership Category:

( ) Regular

( ) Supporting

Mailing Address (street, city, state, zip code)

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

County (i.e., Howard, Prince George's, Montgomery) \_\_\_\_\_

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

Videophone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Text: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Birth Date (month/day/year): \_\_\_\_\_

Anniversary Date (month/day/year): \_\_\_\_\_

Full name of your significant other: \_\_\_\_\_

**Reasonable Accommodations:**

- Seating close to the stage
- Information to be signed in ASL via videophone (VP)
- Mail pertinent information to members who don't have access to the computer
- Tactile Interpreting for DeafBlind members only

Food Restrictions, if any (i.e., nuts) \_\_\_\_\_

**Emergency Information:**

Full name (print clearly) \_\_\_\_\_

Contact information (text) \_\_\_\_\_

**To be filled by the MDSC Treasurer**

DATE RECEIVED

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

- CASH APP \_\_\_\_\_
- CASH \_\_\_\_\_
- CHECK # \_\_\_\_\_
- CREDIT CARD # \_\_\_\_\_