



MDSC Membership Form

January 1, 2025 - July 31, 2025

Individual Member Information

(For Internal Use ONLY)

Last Name, First Name: _____

Membership Category:

() **Regular** (Open to all individuals who are Deaf or DeafBlind, 50 years of age or older, and support the objectives and goals of MDSC.)

() **Supporting** (Open to individuals, including Communication Navigators, who do not meet the Regular membership criteria and pay membership dues; however, they have no voting rights and cannot run for office.)

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): _____

Last, First name of your partner/spouse: _____

Reasonable Accommodations:

- () Sit close to the stage
- () Close Vision Interpreting
- () Tactile Interpreting
- () Other: _____

Food Restrictions (when possible):

- () Gluten Free
- () Sugar Free
- () Vegan
- () Vegetarian
- () Other (i.e., nut allergies) _____

Emergency Information:

Last, First name of your contact person: _____

Your contact person's text number: (_____) _____ - _____

To be filled by the MDSC Treasurer

DATE RECEIVED

_____/_____/_____

- () CASH _____
- () CASH APP _____
- () CHECK # _____
- () CREDIT CARD # _____