



MDSC Membership Form

(Cash, Check, and Zelle Payments)

Membership Period: August 1, 2025 - July 31, 2026

Individual Member Information

(For Internal Use ONLY)

Last Name: _____ First Name: _____

Membership Category (*check one*):

- ☐ **Regular** Open to all individuals who are Deaf or DeafBlind, are 50 years of age or older, and reside in the state of Maryland.
- ☐ **Golden** Open to Deaf or DeafBlind individuals who are 90 years of age or older, have been members of MDSC for at least one year, and reside in Maryland. Membership dues shall be waived.
- ☐ **Supporting** Open to individuals, including Communication Navigators, who do not meet Regular membership criteria and pay dues; however, they have no voting rights and cannot run for office.

Mailing Address

Street _____

City _____

State _____ Zip Code _____

County (e.g., Howard, Montgomery, Prince George's): _____

Email Address: _____

Videophone: (_____) _____ - _____

Text: (____) _____ - _____

Birth Date (MM/DD/YYYY): _____

May we share your birth date (month and day only) with members? Yes [☐] No [☐]

Anniversary Date (MM/DD/YYYY): _____

Partner/Spouse Name (Last, First): _____

May we share your anniversary with members? Yes [☐] No [☐]

Reasonable Accommodations:

[☐] Sit close to the stage

[☐] Close vision interpreting

[☐] Tactile interpreting

Food Restrictions (when possible):

[☐] Gluten-Free

[☐] Sugar-Free

[☐] Vegan

[☐] Vegetarian

[☐] Other (e.g., nut allergies): _____

Emergency Information:

Contact Person's Name (Last, First): _____

Contact Person's Text Number: (____) _____ - _____

Relationship to You: _____

Membership Dues

Annual Membership Dues: \$50

To be filled by the MDSC Treasurer

DATE RECEIVED

____/____/____

[☐] CASH _____

[☐] CHECK # _____

[☐] ZELLE _____

Updated: 07/27/2025