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Membership form

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ADARA Membership Form

Professionals Networking for Excellence in Service Delivery
with Individuals who are Deaf or Hard of Hearing
P.O. Box 251554 Little Rock, AR 72225
Telephone: (501)868-8850 Voice/TTY (501)868-8812 FAX

Membership Application Form

(Please make checks payable to ADARA)

NAME: _____ Electronic Mail: _____
ADDRESS: _____ Phone: (Voice) _____
_____ (TTY) _____
_____ (FAX) _____

JOB TITLE: _____ Employer: _____
DESCRIPTION: _____

HIGHEST DEGREE: High School Associate Bachelor Master Doctor
GENDER: Male Female
ETHNICITY: Black White Asian Hispanic
 Native American Other _____
HEARING STATUS: Hearing Deaf Hard of Hearing

AREAS OF INTEREST: (Rank your top three choices 1=first, 2=second, 3=third)

| | | |
|---|---|---|
| <input type="checkbox"/> Chemical Dependency | <input type="checkbox"/> Public Policy | <input type="checkbox"/> Research |
| <input type="checkbox"/> Postsecondary Education | <input type="checkbox"/> Deaf Blindness | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Communication Specialist | <input type="checkbox"/> Social Work | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Mental Health Counseling | <input type="checkbox"/> Interpreting | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Vocational Counseling | <input type="checkbox"/> In-service training | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Elementary/Secondary Education | <input type="checkbox"/> Pre-service training | <input type="checkbox"/> Independent Living |
| <input type="checkbox"/> Other _____ | | |

Are you a member of a local/state ADARA Chapter? Yes No

What is the name of the Chapter? _____

How long have you been a member of National ADARA? _____

MEMBERSHIP: (Includes journals, newsletter, etc.)

Regular \$50/yr. Student \$25/yr. Retired \$25/yr. Foreign \$70/yr. Family-1st member \$50/yr.
Additional member \$20/yr.

*Faculty signatures required for full-time student

SUBSCRIPTION: (The quarterly Journal of ADARA ONLY) Referred by: _____
 USA/Domestic \$55/yr Foreign \$65/yr Please Print

CONTRIBUTIONS: _____

Members, friends, and supporters of ADARA can contribute to the efforts of ADARA in networking for excellence in service delivery with individuals who are deaf or hard of hearing. For more information, contact ADARA at (501)868-8850. ADARA is a 501(c)(3) organization; all contributions (tax deductible).