

September 2022

Ending Pages

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ADARA

Professionals Networking for Excellence
in Service Delivery with Individuals
who are Deaf or Hard of Hearing
P.O. Box 480 • Myersville, MD 21773
301-293-8969 (V/TTY) • 301-293-9698 (Fax)
www.adara.org

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City: _____ State: _____ Zip: _____ Phone: _____

TTY: _____ Fax: _____ Email: _____

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Job Title: _____ Description of Job: _____

Highest Degree Earned:	Ethnicity:	Are you:	Gender:
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Black	<input type="checkbox"/> Deaf	<input type="checkbox"/> Male
<input type="checkbox"/> A.A.	<input type="checkbox"/> White	<input type="checkbox"/> H.H.	<input type="checkbox"/> Female
<input type="checkbox"/> B.A./B.S.	<input type="checkbox"/> Asian	<input type="checkbox"/> Hearing	
<input type="checkbox"/> M.A./M.S.	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Late Deafened	
<input type="checkbox"/> Ph.D./Ed.D.	<input type="checkbox"/> Other	<input type="checkbox"/> DeafBlind	

What are your areas of interest? (Rank your top three choices by numbering 1-3)

Communication Specialist Public Policy Independent Living Social Work

Elementary/Secondary Ed.. Employment Interpreting Advocacy

In-Service Training Administration Vocational Counseling

Pre-Service Training Rehabilitation Other _____

Special Interest Section (Please check a Section you would like to join)

Postsecondary Education Deaf Blind Vocational Placement Research

Mental Health Chemical Dependency Deaf and Hard of Hearing Professionals

Have you been a member of ADARA in the past? If so, what year did you join? _____

If you are a member of a local chapter, please indicate which chapter: _____

Membership: Regular Two-Year \$105 Organizational \$150/yr

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J A D A R A

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delivery with individuals who are deaf or hard of hearing
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