



New Orleans Black Deaf Advocates, Inc.

Membership Application

January 01, 2025 ~ December 31, 2025

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
E-mail Address: _____
Cell Phone #: _____ ☐ Text Only ☐ Text & Voice
Video Phone #: _____ ☐ Sorenson ☐ Purple ☐ Other
Birthday: _____ (Month & Day) Anniversary: _____

Membership Category: «Category»

Committee Interest: ☐ Fund Raising ☐ Workshops ☐ Mardi Gras Ball ☐ Youth Recruitment ☐ Membership

☐ **Regular Member - \$30.00**

- A. Supporting the aim and objective of NOBDA as set forth in Constitution and By-Laws.
- B. Shall have the rights of the membership including the ability to hold office and vote.
- C. Shall pay the annual dues for the period January 01 – December 31.

☐ **Senior Citizen Member - \$20.00**

Birthday ____ / ____ / ____

- A. Supporting the aim and objective of NOBDA as set forth in Constitution and By-Laws.
- B. Shall have the rights of the membership including the ability to hold office and vote.
- C. Shall pay the annual dues for the period January 01 – December 31.
- D. Shall be conferred to individuals at the age of 55 and over.

☐ **Student Member - \$20.00**

School: _____

- A. Supporting the aim and objective of NOBDA as set forth in Constitution and By-Laws.
- B. Shall have the rights of the membership including the ability to hold office and vote.
- C. Shall pay the annual dues for the period January 01 – December 31.
- D. Shall be conferred to individuals enrolled full-time at secondary or post-secondary programs.

☐ **Organizational Member - \$50.00**

- A. Supporting the aim and objective of NOBDA as set forth in Constitution and By-Laws.
- B. Shall have the rights of the membership excluding the ability to hold office and vote.
- C. Shall pay the annual dues for the period January 01 – December 31.

Member's Signature

Date

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Kindly return the completed application along with payment to:

NOBDA Membership ♣ **1843 Hope Street** ♣ **New Orleans, LA** ♣ **70119**