



NEW ORLEANS BLACK DEAF ADVOCATES, INC.

MEMBERSHIP APPLICATION

JANUARY 01, 2026 ~ DECEMBER 31, 2026

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:

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

<p><input type="checkbox"/> Regular Member - \$30.00</p> <p>A. <i>Supporting the aim and objective of NOBDA as set forth in Constitution and By-Laws.</i> B. <i>Shall have the rights of the membership including the ability to hold office and vote.</i> C. <i>Shall pay the annual dues for the period January 01 – December 31.</i></p>
<p><input type="checkbox"/> Senior Citizen Member - \$20.00 Birthday ____ / ____ / ____</p> <p>A. <i>Supporting the aim and objective of NOBDA as set forth in Constitution and By-Laws.</i> B. <i>Shall have the rights of the membership including the ability to hold office and vote.</i> C. <i>Shall pay the annual dues for the period January 01 – December 31.</i> D. <i>Shall be conferred to individuals at the age of 55 and over.</i></p>
<p><input type="checkbox"/> Student Member - \$20.00 School: _____</p> <p>A. <i>Supporting the aim and objective of NOBDA as set forth in Constitution and By-Laws.</i> B. <i>Shall have the rights of the membership including the ability to hold office and vote.</i> C. <i>Shall pay the annual dues for the period January 01 – December 31.</i> D. <i>Shall be conferred to individuals enrolled full-time at secondary or post-secondary programs.</i></p>
<p><input type="checkbox"/> Organizational Member - \$50.00</p> <p>A. <i>Supporting the aim and objective of NOBDA as set forth in Constitution and By-Laws.</i> B. <i>Shall have the rights of the membership excluding the ability to hold office and vote.</i> C. <i>Shall pay the annual dues for the period January 01 – December 31.</i></p>

_____ _____

Member's Signature

Date

Kindly return the completed application along with payment to:
NOBDA Membership ♣ 1843 Hope Street ♣ New Orleans, LA ♣ 70119