



New Orleans Black Deaf Advocates, Inc.

Membership Application

January 01, 2024 ~ December 31, 2024

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

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