



National Council of Hispano Deaf and Hard of Hearing

Fray Pedro Ponce de Leon

Individual Membership/Donation Form (Join or Renew/Donate)

Please select one for becoming a member or renewal	If you wish to make a donation, please select one
<input type="checkbox"/> Regular - \$25.00 (for 2 years)	<input type="checkbox"/> \$20.00
<input type="checkbox"/> Student - \$15.00 (for 2 years)	<input type="checkbox"/> \$50.00
<input type="checkbox"/> Senior - \$15.00 (for 2 years)	<input type="checkbox"/> Other Amount <input type="text"/>

Contact Information

Total Amount: \$ _____


First Name	<input type="text"/>
Middle Name	<input type="text"/>
Last Name	<input type="text"/>
Email Address	<input type="text"/>
Postal Address	<input type="text"/>
Address Line 2	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>

Payment Type: Check Credit Card PayPal (email to paypal@nchdhh.org)

Credit Card Information

Card Type Visa MasterCard Amex Discover

Card Number - - -

Security Code 

Expiration Date

Mail membership form and check (payable to **NCHDHH**) to:
P.O. Box 90927
Washington, D.C. 20090

Official Only _____