

National Catholic Office for the Deaf

Membership Form

For Calendar year 2012—Due October 1, 2011

NCOD Mission Statement: "Spread God's message through the support of Deaf and Hard of Hearing Pastoral Ministry so that we may all be one in Christ"

New Member
 Renewal
 Vision Only

Name: _____

Title: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Country: _____

Diocese: _____

Deaf/Hard of Hearing
 Deaf-Blind
 Hearing

Phone (W): _____ TTY Voice Both VP

Phone (H): _____ TTY Voice Both VP

FAX: _____

Email: _____

Name of Designated Voter (for Family and Executive Members only)

Please note! All of the above information is printed in the Membership Directory.
 The office needs your assistance to provide complete and accurate information. Please print or type your information.
 Thank you!

Annual Membership Fees (USA Rate)

Individual \$70
 Family \$100
 Student \$35
 Pastoral \$70
 Executive \$250 (Diocese, Agencies, & Organizations)
 Donation: _____ (Tax Deductible)

<p style="text-align: center;">NCOD Membership Benefits</p> <ul style="list-style-type: none"> • Members' Biennial Directory (Students do not receive directory but may purchase at a 10% discount) • Voting privileges at business meetings and Pastoral Week • Reduced registration fee at Pastoral Week • Resources at reduced rates & Consultations • Subscription to <i>Vision</i> (Quarterly-two issues published on Web) • Monthly eNewsletter (must provide an email address above) 	<p style="text-align: center;">Vision Subscription Only</p> <p>One-year</p> <p><input type="checkbox"/> \$20 US <input type="checkbox"/> \$30 International</p> <p>Two-year</p> <p><input type="checkbox"/> \$35 US <input type="checkbox"/> \$55 International</p> <p><input type="checkbox"/> please send paper copies of web issues</p>
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<p>Mail Application to:</p> <p style="text-align: center;">NCOD Membership 7202 Buchanan Street Landover Hills, MD 20784</p>	<p>Contact Information:</p> <p>Phone: 301-577-1684 Voice e-mail: info@ncod.org website: www.ncod.org</p>
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