



National Catholic Office for the Deaf

NCOD Membership Form

For October 1, 2016 – to September 30, 2017

Due October 30, 2016

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: _____

Country: _____ Diocese: _____

Deaf/Hard of Hearing Deaf-Blind Hearing

Phone (W): _____ VP Voice TTY Voice/TTY

Phone (H): _____ VP Voice TTY Voice/TTY

FAX: _____ Email: _____

Name of Designated Voter (for Family & Executive Members only): _____

Please note: All of the above information is printed in the Membership Directory. NCOD needs your assistance to provide complete and accurate information. Thank you!

Annual Membership Fees (USA Rates)

Individual \$70 Pastoral \$70 Family \$100 Student \$10
 Executive \$250 (Diocese, Agencies, & Organizations)
 Donation: _____ (Tax Deductible)

Membership Benefits:

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 Vision (Quarterly; two issues published on website)
eNewsletter (must provide an email address above)

Vision Subscription Only (non-member)

One Year
 \$20 US \$30 International
Two Year
 \$20 US \$30 International
 Please send paper copies of web issues

Mail Information to: NCOD Membership
7202 Buchanan Street
Landover Hills, MD 20784

Contact Information:
Phone: 301-841-8209 VP
Email: info@ncod.org
Website: www.ncod.org