

2019 Membership Form

Deaf-Hearing Communication Centre, Inc.



630 Fairview Road, Suite 100 ♦ Swarthmore, PA 19081-2335 ♦ 610-604-0450 ♦ 610-604-0456 (fax) ♦ info@dhcc.org

Membership Runs from January 1 – December 31

DHCC Membership Benefits Include:

- ◆ Weekly emails about upcoming DHCC and community events
- ◆ Discounts on CEU fees, Workshops and Events
- ◆ Eligibility for the Arlene Long Memorial Education Fund Program for ASL Teachers and Interpreters
- ◆ Eligibility to participate in the Community Interpreting Program
- ◆ Please note: those who join in October=December, membership will carry over to the following year.

DHCC accepts checks (payable to DHCC), MasterCard or Visa. Please complete and detach the form below and send with your payment to:

Deaf-Hearing Communication Centre
630 Fairview Road, Suite 100
Swarthmore, PA 19081-2335

You can also become a member and pay online! Visit www.dhcc.org/membership

Yes, I would like to become a DHCC Member and support the programs, activities and services that DHCC provides to the Deaf, hard of hearing, and hearing communities. Please accept my tax-deductible contribution of:

- | | |
|---|--|
| <input type="checkbox"/> \$20 Individual Membership | <input type="checkbox"/> \$75 Organization Membership |
| <input type="checkbox"/> \$30 Family Membership (Same household) | <input type="checkbox"/> \$250-\$475 Patron's Circle |
| <input type="checkbox"/> \$50-\$225 Friends Circle | <input type="checkbox"/> \$500 or more Select Circle |

Name: _____

Address: _____

Phone: _____ Email: _____

Please Select Payment Method:

- Check Enclosed for \$ _____
- Please charge my credit card the following amount \$ _____ Check one: Visa MasterCard

Card Number: _____ Exp Date: _____

Name on Card: _____ Card Holder's Ph#: _____

Signature of Card Holder: _____ Date: _____