

REGISTRATION AS MEMBER



Title: _____

First Name: _____ Last name: _____

Full Address: _____

City/ Province: _____ Country: _____

Full Postal address: _____

Tel: _____ Mobile: _____ Fax: _____

Alternative Contact number: _____

Email address Add 1: _____

Email address Add 2: _____

Skype Add: _____

Website Address: _____

Organization/ Institution: _____

Current Position: _____

Language writing and reading: _____

Sign Language: _____

Personal identification: (Please tick (✓) where applicable to you)

Deaf

Hard of Hearing

Hearing loss later in life

Hearing

Other

Member of National Association for the Deaf? Yes No

Name of NAD: _____

Name of other deaf organisation: _____

THANK YOU FOR YOUR COOPERATION