

# RICHMOND CLUB OF THE DEAF, INC.

## 2016 INDIVIDUAL MEMBERSHIP APPLICATION

Please Print

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

STREET/PO BOX: \_\_\_\_\_

APT #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ AREA CODE & V-PHONE #: \_\_\_\_\_

BIRTHDAY'S MONTH: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

### ONE YEAR MEMBERSHIP

<input type="checkbox"/> RESIDENT: \$15.00 Richmond, Chesterfield, Dinwiddie, Goochland, Hanover, Henrico, Prince George, Tri-Cities of Colonial Heights, Hopewell and Petersburg
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<input type="checkbox"/> NON-RESIDENT: \$10.00 ANOTHER AREA
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<input type="checkbox"/> BASKETBALL TEAM: \$15.00 Coach, Player, Manager or Scorekeeper
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MAKE CHECK or MONEY ORDER TO:

RICHMOND CLUB OF THE DEAF, INC.

MAIL PAYMENT TO:

RCD MEMBERSHIP COMMITTEE  
2907 SKIPWITH ROAD  
HENRICO, VA 23294

PLEDGE: "I HEREBY PLEDGE TO UPHOLD THE CONSTITUTION AND BY-LAW OF THE CLUB AND TO ADVANCE THE INTERESTS OF THE CLUB TO THE BEST OF MY ABILITY"

Date: \_\_\_\_\_

SIGNATURE

TO BE FILLED OUT BY MEMBERSHIP COMMITTEE ONLY

NEW MEMBER \_\_\_\_\_

DATE: \_\_\_\_\_

RENEWAL \_\_\_\_\_

PAYMENT: \_\_\_\_\_