



# Buckeye Rainbow Alliance of the Deaf

## BRAD Membership Form

PLEASE CIRCLE

RENEWAL      OR      NEW MEMBER

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

VP/IP ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

Please check all that is applicable to you.

\_\_\_\_ Yes, BRAD can share my personal information to other BRAD members.

\_\_\_\_ No, I prefer BRAD keep my personal information confidential.

\_\_\_\_ Yes, BRAD can put pictures of me on BRAD's website.

\_\_\_\_ No, I do not want BRAD to put pictures of me on BRAD's website.

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*BRAD's yearly membership dues begin on the anniversary month of your dues payment received and/or your signature on the membership form.

**YEARLY MEMBERSHIP DUES FEE      \$15.00**

SEND CHECK/MONEY ORDER PAYABLE TO: Buckeye Rainbow Alliance of the Deaf  
P.O. Box 30362,  
Columbus, OH 43230

Any questions? Email BRAD at [membership@bradohio.com](mailto:membership@bradohio.com)