



Membership Year: June 1st to May 30th. Complete both pages of the membership form; print clearly or type.
 Mail to: CODA International Membership; PO Box 29143, Columbus, OH 43229.
 Email to: codamembership@gmail.com

CODA INTERNATIONAL MEMBERSHIP APPLICATION

MEMBER/SUPPORTING MEMBER INFORMATION

To be a member of CODA International, you must be hearing, 18 years of age or older and have at least one deaf parent. Membership comes with voting rights.

Supporting Members are individuals who do not meet the membership criteria or organizations who wish to support CODA International. No voting rights.

New Membership: _____ Renewal Membership: _____ Supporting Member: _____
 address change _____ name change _____

First Name:	Maiden:	Last Name:
-------------	---------	------------

If you have changed your name since your last renewal, enter your previous name	Previous Name:
---	----------------

US Mailing address:

City:	State:	ZIP Code:
-------	--------	-----------

Non-US Mailing address:

Cell Phone:	Home Phone:
-------------	-------------

Email: _____

Date of Birth (for CODA Membership only): _____

Deaf Mother name and school (for CODA Membership only): _____

Deaf Father name and school (for CODA Membership only): _____

I have attended the CODA International Conferences before. Yes: _____ How many? _____ No: _____

For supporting members- I/We are supporting CODA International because: _____

PAYMENT INFORMATION

CODA Membership & Scholarship Supporter Includes membership/donation of \$65.00 towards Scholarship fund	\$100.00	\$ _____
CODA Membership & Memorial Fund Supporter Includes membership/donation of \$40.00 towards Memorial Fund	\$75.00	\$ _____
CODA Membership & Outreach Supporter Includes membership/donation of \$15.00 towards outreach efforts	\$50.00	\$ _____
CODA Membership	\$35.00	\$ _____
Supporting Membership	\$25.00	\$ _____
Organizational Membership	\$75.00	\$ _____
TOTAL Payment:		\$ _____

METHOD OF PAYMENT

*(Checks, Money Orders or Credit Cards only – in US funds only)
 Checks/Money Orders made out to CODA, Inc.*

Credit Card (Discover, MasterCard or Visa only) Number:	Security Code:	Expiration Date:
---	----------------	------------------

Check /Money Order Number:	Check Date:
----------------------------	-------------

Purchased as a gift membership by: _____

SIGNATURE

By my signature here I verify the information enclosed and authorize payment as designated above.

Print Name: _____

Signature:	Date:
------------	-------

Office Use Only

Date Received: _____ Date Entered: _____ Region Designation: _____ (Revised 11/10)