



# ILLINOIS TEACHERS OF THE DEAF AND HARD OF HEARING

## MEMBERSHIP FORM

### MEMBERSHIP YEAR: MARCH 1 - FEBRUARY 28

**PLEASE PRINT OR TYPE**

*ITDHH does not share/sell information with/to businesses or other organizations*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail (optional) \_\_\_\_\_

*Email notifications included with membership*

Which phone number do you wish to have included in our membership directory?  Work  Home  None

Place of Employment or College Name \_\_\_\_\_

Employment Address \_\_\_\_\_

Job Title \_\_\_\_\_

Number of years working with Deaf & Hard of Hearing including this year \_\_\_\_\_

*Excluding college classes & practicum experiences*

**MEMBERSHIP TYPE:**  Regular  Lifetime (Past President)  Student  Retired

If you are a student, which college are you attending?  ISU  Mac  Harper  Other: \_\_\_\_\_

**I AM A:**  New Member  Renewing Member

**ITDHH AREA:**  1  2  3  4  5  6  7  8  9  10  11  12  Out of State

*Choose the area in which you currently work. If you are a college student, choose the area where your college is located. You must be attending full time to receive student status.*

Please check the box(es) if you would like to volunteer with ITDHH.

**I WOULD BE INTERESTED IN VOLUNTEERING FOR:**  Board position  Conference Committee  Special Projects/Committees

**OPTIONAL CONTRIBUTION(S):**

ITDHH is a non-profit organization, therefore any contributions to its projects are tax deductible.

Hazel Bothwell Scholarship \$ \_\_\_\_\_

Hazel Bothwell Grant \$ \_\_\_\_\_

ITDHH Student Scholarship \$ \_\_\_\_\_

Area Advancement \$ \_\_\_\_\_ (Please indicate area you wish to receive funds \_\_\_\_\_)

Membership Dues

Regular / Out of State \$50.00

Student / Retired \$20.00

YOUR DUES: \$ \_\_\_\_\_

+ any contributions \$ \_\_\_\_\_

(see above)

Total Due: \$ \_\_\_\_\_

**MAKE CHECK PAYABLE TO: ILLINOIS STATE UNIVERSITY**

Send Membership Form and Dues by **MARCH 6** to:

**ISU CONFERENCE SERVICES**

**ITDHH MEMBERSHIP CAMPUS BOX 8610**

**NORMAL, IL 61790-8610**

**OFFICE USE ONLY**

Ck. Date \_\_\_\_\_ Ck. # \_\_\_\_\_ Amount \_\_\_\_\_ SS HBS HBG Area