



MEMBERSHIP/RENEWAL FORM

All prospective members of Deaf Women of Ohio (DWO) are required to complete this membership form. Indicate any changes; Membership runs from Jan 1st- Dec 31st.

NEW MEMBERSHIP **RENEWAL** **Changes of contact information?**

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	<input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms		
NAME			
ADDRESS 1		PRIMARY EMAIL	
ADDRESS 2		SECONDARY EMAIL	
ADDRESS 3		CELLPHONE/TEXT	
TOWN/CITY		HOME VP	
ZIP CODE		WORK VP	
NICKNAME		EMERGENCY CONTACT	
AGE Group	<input type="checkbox"/> 14 – 21 Years old <input type="checkbox"/> 22 – 61 Years old <input type="checkbox"/> 62 and up		

SECTION 2: MEMBERSHIP AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (2 years)	Please Check
FULL	Full Membership by Deaf, Hard of Hearing, DeafBlind, & DeafDisabled women	\$25.00	
STUDENT/SENIOR CITIZENS	Full time students and Senior Citizens (62 years and up)	\$20.00	
DWO FRIEND	DWO friend membership is open to all who support DWO	\$20.00	
Organizations	Organization Membership is open to organizations who wish to support DWO	\$35.00	
PAYMENT METHOD	<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Online Payment		

SECTION 3: MEMBER INFORMATION

OCCUPATION /JOB TITLE:
DWO Current Member : <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you subscribe to the DWO E-Blast Yes <input type="checkbox"/> or No <input type="checkbox"/> If no, would you want to be on E-Blast subscription? (provide e-mail address if not listed)
Please indicate if you would be willing to be DWO volunteer: <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time (Committees are listed on www.deafwomenofohio.org/volunteerform)
Permission to use photographic/Videotaping images: Photographs/videos of DWO members may be used in various DWO communications incl. the E-blast, blogs, and website. Group photographs/videos taken at DWO events may be used without identifying individual members.

Date: _____

To pay online: Go to www.deafwomenofohio.org

To pay by check: Send a check made payable to DWO and mail to Margy Wright at 5300 Granite Dr, Hilliard, OH 43026

Regardless of payment method used, please **make sure to send a copy of your membership form to** deafwomenofohio@gmail.com