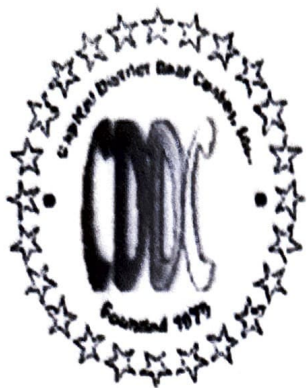




Capital District Deaf Center, Inc.

September 2025-June 2026 Membership:

Capital District Deaf Center, Inc.

Name: _____

VP/cell phone: _____

E-Mail: _____

ANNUAL MEMBERSHIP/Please check mark to choose:

___ \$15.00 Member (Age:18-59) ___\$10.00 S.C. (Age: 60+)

Please make a money order or cash payable to CDDC and mail this along with application slip to :

CDDC Membership Drive, Paul Steves, PO Box 2223 Gansevoort NY
12831

THANK YOU FOR YOUR SUPPORT !