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 !