



EAAD

EASTERN ATHLETIC ASSOCIATION OF THE DEAF

MEMBERSHIP FORM

NAME OF ORGANIZATION (CLUB) OR INDEPENDENT TEAM:

Group Name: _____
Contact Name: _____
Address: _____
City/State/Zip: _____

OFFICERS or COACHES:

Title: _____
Name: _____
E-Mail: _____
VP Number: _____

Title: _____
Name: _____
E-Mail: _____
VP Number: _____

PARTICIPATING SPORTS TEAM

Men's Women's

Basketball: _____ (Please Check)

Membership Dues:

Renewal Organization Membership Fee - **\$25.00**

New Organization Membership Fee - **\$50.00**

Insurance Affiliation with EAAD - **\$25.00**

Total: \$ _____

The membership/insurance payments should be payable to EAAD before **December 31st, 2015**. Please contact EAADSecTreas@gmail.com to send the form(s) to: Alexandria Pucciarelli, EAAD Secretary/Treasurer at the following address: **147 Jerome Avenue Staten Island, NY 10305-4405**

Notice: Annual EAAD membership fee is \$25.00 per year. If your organization is a new member, there is one time fee of \$50.00, then it will be \$25.00 per year thereafter.