



# CODA Membership Application

To become a member of CODA, print out this page, fill it out and send it with your check or credit card information, made payable to CODA (in U.S. funds), to:

CODA Membership  
P.O. Box 902067  
Sandy, UT 84090 USA

CODA Membership renews on June 1.

### Check all that apply:

- I am hearing. My parent(s) are/were deaf/hard of hearing.  
(Voting member \$25)
- I am not a coda, but am interested in being a supporting member.  
(Non-voting member \$20)
- I would like to buy a membership subscription for my coda relative/friend named below.  
(\$25)
- This is a renewal

### Your information (or information for the person you are subscribing for)

**Name** (include maiden name if applicable):

\_\_\_\_\_

**Address** (include zip/postal code and country):

\_\_\_\_\_

\_\_\_\_\_

**Phone** (Day): \_\_\_\_\_ **Phone** (Evening): \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

### Payment

**Credit Card** (MasterCard and Visa only)

Name on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Check** (Include: Check number/Date/Amount): \_\_\_\_\_

*Checks should be made payable to **CODA***