



Texas Latino Council of the Deaf and Hard of Hearing Membership Application Form

Full Name: _____

Organization/Department: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Video Phone #: _____

E-mail Address: _____

Pager Address: _____

Check which is applicable:

- Active Member:** \$10.00 for two years – Any person, 18 years old and up, who is a resident of the State of Texas
- Associate Member:** \$5.00 for two years – Any person, 18 years old and up, who is a non-resident of the State of Texas
- Retired Member:** \$5.00 for two years – Any Texas resident who is 55 years of age or older or who is permanently and occupationally disabled.

Payable to: **TLCDHH**
P.O. Box 270032
Corpus Christi, Texas 78427

Thank you for your support of TLCDHH!

For questions about TLCDHH membership,
contact us at info@tlcdhh.org