

IMPACT Membership Application

Independently Merging Parent Association of California Together for Deaf and Hard of Hearing Children
Be Informed . . . Join IMPACT Today!!

Last Name: _____		First Name: _____	
Titles: _____			
Name of Other Adult: _____			
Address: _____			
City: _____		State: _____	Zip: _____
Home Phone: (____) _____		v/tty Cell Phone: (____) _____	
Work Phone: (____) _____		v/tty Text Pager: _____	
E-Mail: _____		Fax: _____	
Affiliation: ___ Parent ___ Student ___ Business ___ Organization			
___ Legislator ___ Other _____			
___ Professional Comments: _____			
Organization: _____		Newsletter Preference:	
Department: _____		___ U.S. Mail	
Role/Position: _____		___ e-mail	

Enclosed is my contribution to be a(n):

___ Advocate \$500 ___ Supporter \$200 ___ Booster \$100 ___ Family \$50.00

___ Individual \$30

___ New Member

___ Renewal Member

Please Make Checks Payable to:

IMPACT

If mailing form, mail to:

IMPACT Treasurer, Bambi Mejorado 34130 Gannon Terrace Fremont, CA 94555