



ADARA

Professionals Networking for Excellence
in Service Delivery with Individuals
who are Deaf or Hard of Hearing
P.O. Box 480 • Myersville, MD 21773
301-293-8969 (V/TTY) • 301-293-9698 (Fax)
www.adara.org

Name: _____ Degree/Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

TTY: _____ Fax: _____ E-mail: _____

Employer: _____ Department: _____

Job Title: _____ Description of Job: _____

Highest Degree Earned:	Ethnicity:	Are you:	Gender:
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Black	<input type="checkbox"/> Deaf	<input type="checkbox"/> Male
<input type="checkbox"/> A.A.	<input type="checkbox"/> White	<input type="checkbox"/> H.H.	<input type="checkbox"/> Female
<input type="checkbox"/> B.A./B.S.	<input type="checkbox"/> Asian	<input type="checkbox"/> Hearing	
<input type="checkbox"/> M.A./M.S.	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Late Deafened	
<input type="checkbox"/> Ph.D./Ed.D.	<input type="checkbox"/> Other	<input type="checkbox"/> DeafBlind	

What are your areas of interest? (Rank your top three choices by numbering 1-3)

<input type="checkbox"/> Communication Specialist	<input type="checkbox"/> Public Policy	<input type="checkbox"/> Independent Living	<input type="checkbox"/> Social Work
<input type="checkbox"/> Elementary/Secondary Ed..	<input type="checkbox"/> Employment	<input type="checkbox"/> Interpreting	<input type="checkbox"/> Advocacy
<input type="checkbox"/> In-Service Training	<input type="checkbox"/> Administration	<input type="checkbox"/> Vocational Counseling	
<input type="checkbox"/> Pre-Service Training	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Other _____	

Special Interest Section (Please check a Section you would like to join)

<input type="checkbox"/> Postsecondary Education	<input type="checkbox"/> Deaf Blind	<input type="checkbox"/> Vocational Placement	<input type="checkbox"/> Research
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Chemical Dependency	<input type="checkbox"/> Deaf and Hard of Hearing Professionals	

Have you been a member of ADARA in the past? If so, what year did you join? _____
If you are a member of a local chapter, please indicate which chapter: _____

Membership: Regular Two-Year \$105 Organizational \$150/yr
 Family – 1st \$55/yr, each add'l
 Regular \$55/yr Retired \$30/yr Foreign \$70/yr \$20/yr _____
 Student \$30/yr. * students must submit a signed letter from their University or provide a copy of course program indicating full-time status.

Please list any certifications (e.g., CRCC) or special training: _____
Subscription: (addtl JADARA Journals ONLY) USA/Domestic \$60/yr Foreign \$70/yr

Method of payment: Check Money Order Visa MasterCard

_____ - _____ - _____ - _____ Exp. Date

Signature _____

Date _____

(Make checks payable to ADARA)

— NOTES —

WESTERN OREGON UNIVERSITY

REGIONAL RESOURCE CENTER ON DEAFNESS

PROFESSIONAL PREPARATION PROGRAMS

American Sign Language/English Interpreting

Bachelor of Science • Bachelor of Arts

American Sign Language Studies

Bachelor of Science

Rehabilitation Counselor Education

Master of Science • Deaf and General Options

Teacher Preparation: Deaf Education

Master of Science

In-Service Training

Western Region Interpreter Education Center
Rehabilitation Counseling with
Deaf and Hard of Hearing Adults
PEPNet-West at WOU

Deaf and hard-of-hearing people and other members of traditionally underrepresented groups are strongly encouraged to apply. Contingent upon continued federal funding, tuition waivers and/or stipends are available.

345 North Monmouth Avenue • Monmouth, Oregon 97361
503-838-8444 (V/TTY) • e-mail: RRCD@wou.edu
See www.wou.edu/rrcd for application deadlines

**SAVE
these DATES!**



San Antonio, Texas

April 15-19

**For more information:
www.adara.org**

American Deafness and Rehabilitation Association

Nonprofit Organization

U.S. Postage

PAID

San Antonio, TX

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