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Ending Pages

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ADARA

Professionals Networking for Excellence
in Service Delivery with Individuals
who are Deaf or Hard of Hearing
P.O. Box 480 • Myersville, MD 21773
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www.adara.org

Name: _____ Degree/Title: _____

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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
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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: _____

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A journal for professionals networking for excellence in service
delivery with individuals who are deaf or hard of hearing

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