



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:**
 High School Diploma Black Deaf Male
 A.A. White H.H. Female
 B.A./B.S. Asian Hearing
 M.A./M.S. Hispanic Late Deafened
 Ph.D./Ed.D. Other DeafBlind

What are your areas of interest? (Rank your top three choices by numbering 1-3)
 Communication Specialist Public Policy Independent Living Social Work
 Elementary/Secondary Ed.. Employment Interpreting Advocacy
 In-Service Training Administration Vocational Counseling
 Pre-Service Training Rehabilitation Other _____

Special Interest Section (Please check a Section you would like to join)
 Postsecondary Education Deaf Blind Vocational Placement Research
 Mental Health Chemical Dependency 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 \$125 Organizational \$175/year
 Family – 1st \$65/yr, each add'l \$30/year
 Regular \$65/year Retired \$35/year Foreign \$85/year
 Student \$35/year * *Students must submit a signed letter from their universities 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

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Signature _____

Date _____ *(Make checks payable to ADARA)*

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delivery with individuals who are deaf or hard of hearing

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