



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)

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 \$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)

NATIONAL COUNSELORS OF THE DEAF ASSOCIATION



SAVE THESE DATES!

**2010
Conference**

March 11-14th

Check out <http://ncdacounselors.org> for more information
and/or

Suzanne Dennis, President
Suzanne.Dennis@jocogov.org

Jennifer Hampton, Treasurer
jhampton@ksd.state.ks.us



A special thanks to GURC—JCCC for being a supporter of the
2010 National Counselors of the Deaf Conference!!!



Breakout Conference: Effective Mental Health Services for Deaf and Hard of Hearing Persons

June 17-19, 2010

**Westin Atlanta North Hotel at Perimeter
Seven Concourse Parkway
Atlanta, GA**

Goal of the Conference

The *American Deafness and Rehabilitation Association (ADARA)* is pleased to revive the *Breakout Conference* in cooperation with the *Gallaudet University Regional Center at Flagler College*. The goal of this conference is to provide training and networking opportunities for mental health professionals serving deaf, deafened, and hard of hearing adults and/or children who have severe mental illness or emotional disorders. Presentations will provide information that attendees will be able to implement and utilize in the workplace with their clientele.

For more information, see

http://www.adara.org/pages/2010BreakoutConference/2010_Breakout_Registration_Form.pdf

or contact Steve Larew at SLarew@flagler.edu

866-948-8248 VP

Nonprofit Organization

U.S. Postage

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San Antonio, TX

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JADARA

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