

November 2019

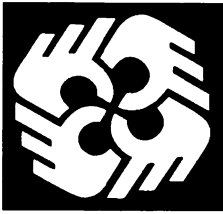
Ending Pages

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Recommended Citation

none, n. (2019). Ending Pages. *JADARA*, 40(3). Retrieved from <https://repository.wcsu.edu/jadara/vol40/iss3/9>



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: _____ Email: _____

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 \$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)

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