DEAF LEATHER FRATERNITY

FRATERNAL MEMBERSHIP APPLICATION

JOINING FEE: $25.00 ANNUALLY

Type of Membership: **Prospective Member:** _____ **(New)**

Name _____ **Date of Birth** _____
Last First Middle

Address_____

City_____ **State/Country**_____ **Zip Code**_____

Phone/Videophone_____ **Email**_____

_____ **Deaf** _____ **Hard of Hearing** _____ **Hearing**	_____ **Signer** _____ **Non-Signer**

Explain briefly why you want to become a member of the Deaf Leather Fraternity:

I certify that I am at least 21 years of age and agree with the purposes of the Deaf Leather Fraternity. I understand my name, address and email will not be disclosed to any outside parties.

Applicant Signature_____ **Date** _____

Revised 04/29/11

Mail completed application along with check or money order in the amount of $25.00 due payable to "**DLF**":

Deaf Leather Fraternity
P.O. Box 1604
Tucker, GA 30084 - 1604