



Baystate Deaf Senior Citizens, Inc.

Membership Due

January to December 2024

Please print clearly

Thank you

_____ Renewal _____ New Member

\$10.00 per person

Name: _____

Spouse's Name: _____

Address: _____

City/State/Zip code: _____

e-mail Address: _____

Date of Birth: _____ Age: _____

VP Number: _____

Please make a check or money order payable to:

Baystate Deaf Senior Citizens, Inc.

Send to: Hazen Peaslee, 39 Ford Street, Springfield, MA 01118