



## Baystate Deaf Senior Citizens, Inc.

### Membership Due

January to December 2025

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