

**June 1, 2023 – May 31, 2025**

# **ILDA Membership Enrollment Form**

Please fill in the information needed, print this form, make check payable to "ILDA" and in the memo line put "ILDA membership dues" and mail the form & payment to:

**John Mason, ILDA 2021-2024 Treasurer**  
**6721 Deep Run Parkway, Elkridge, MD 21075-6557**

E-mail: ilda.treasurer2021@gmail.com

Type of Membership (please circle one)	<u>Active*</u>	<u>Associate**</u>	<u>Supporting***</u>
Your Membership due \$30	\$ _____	\$ _____	\$ _____
Spouse membership dues \$30 (if applicable)	\$ _____	\$ _____	\$ _____
Your God's 1000 Club, add \$20 (optional)	\$ _____	\$ _____	\$ _____
Spouse God's 1000 Club, add \$20 (optional)	\$ _____	\$ _____	\$ _____
Contribution-ILDA Mission Projects Fund for 2021-2024 (optional)	\$ _____	\$ _____	\$ _____
<b>Total</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

Title (Mr / Mrs / Ms / Miss / Rev / etc.) \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Subtitle (Sr, Jr, II, Etc.) \_\_\_\_\_

Spouse's full name \_\_\_\_\_

Street Address, Apartment No. \_\_\_\_\_

City \_\_\_\_\_ Zip Code + 4 \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_

Phone no. \_\_\_\_\_ VP Voice TTY (please circle one)

Txt Msg no. \_\_\_\_\_ e-mail \_\_\_\_\_

(Please print clearly. Thank you)

**\*Active members** are deaf Lutheran lay people who are members of an LCMS congregation and have full voting privileges.

**\*\*Associate members** are hearing people of an LCMS congregation, or LCMS pastors (deaf or hearing), or Deaf Lutheran people who are members of a non-LCMS congregation and will have limited voting privileges.

**\*\*\*Supporting members** are non-Lutheran Christians and have no voting privileges.

**Thank you for your support!**

