



Ephpheta Sodality of
St. John the Baptist
ICDA Chapter #7
Milwaukee, WI



Annual Membership Form
(Jan 1, 2022 – Dec 31, 2022)

Due: March 1, 2022

* Required

First Name*: _____ Spouse: _____

Last Name*: _____

Address*: _____

City*/State*/Zip*: _____

E-Mail*: _____

VP Phone # * _____ Text # _____

Emergency Contact # _____

Newsletter Format (Check one) Email Paper (if you don't have email)

	Member	Spouse
Date of Birth (Year optional)	_____* / ____* / ____ Month / Day / Year	_____* / ____* / ____ Month / Day / Year
Age Group (check one)	<input type="checkbox"/> 18-30 <input type="checkbox"/> 31-45 <input type="checkbox"/> 46-60 <input type="checkbox"/> 60-75 <input type="checkbox"/> 76+	<input type="checkbox"/> 18-30 <input type="checkbox"/> 31-45 <input type="checkbox"/> 46-60 <input type="checkbox"/> 60-75 <input type="checkbox"/> 76+
Share DOB w/ others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marriage Date	/ /	Where:
Are you an ICDA-US Member? (check one or leave blank)	<input type="checkbox"/> Annual <input type="checkbox"/> Lifetime	<input type="checkbox"/> Annual <input type="checkbox"/> Lifetime

Make the check payable to: ICDA #7 Send check and this form to: Ephpheta/ ICDA #7 % Deaf Apostolate PO Box 070912 Milwaukee, WI 53207	Single (\$10.00)	
	Couple (\$15.00)	
	Donation (Thank You!)	
	TOTAL	

For Office Use Only
Date Received: / / Check Number: _____