



# Mano a Mano Membership Form

## PERSONAL INFORMATION/ORGANIZATIONAL INFORMATION

Today's Date	First names(s) and Last name(s)		
Postal Address	State	Zip code	Country
City			
E-mail			
Principal phone	Fax		
In the future Mano a Mano may publish a membership directory. Please indicate if any of the following personal data is to be kept confidential.			
<b>Confidential</b>	Postal Address	Email	Telephone
			Fax

## Statistical data (VOLUNTARY INFORMATION)

Profession (Mark all that apply)	Mark ONE that applies	Languages*
<input type="checkbox"/> Interpreter	<input type="checkbox"/> Hearing	A = Native user or near native fluency B = Fluent, but not native C = Conversational skill level
<input type="checkbox"/> Instructor	<input type="checkbox"/> Hard of hearing	English                      A              B              C
<input type="checkbox"/> Student	<input type="checkbox"/> Deaf	Spanish                     A              B              C
<input type="checkbox"/> Other _____	<input type="checkbox"/> Deaf-Blind	ASL                         A              B              C
		Other                        A              B              C

Race/Pertinent Ethnicity (Please Identify your race or ethnicity for future research purposes - Optional) \_\_\_\_\_

<p><b>Highest degree completed</b></p> <p><input type="checkbox"/> High school diploma</p> <p><input type="checkbox"/> GED (Diploma Equivalent)</p> <p><input type="checkbox"/> Associates degree (A.S. / A.A. 2 year)</p> <p><input type="checkbox"/> Bachelors (B.S./ B.A. 4 Year)</p>	<p><input type="checkbox"/> Masters (M.S. / M.A.)</p> <p><input type="checkbox"/> Doctorate (Ph.D.)</p>	<p><b>Certificates (specific level or language pair)</b></p> <p>NIC _____</p> <p>RID _____                      ATA _____</p> <p>NAD _____                    NAJIT _____</p> <p>State _____                    State Court _____</p> <p>Federal Court _____            Other(s) _____</p>
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## MEMBERSHIP DUES

<p>Membership category:</p> <p><input type="checkbox"/> Professional/Individual _____ USD \$25 + _____ (additional voluntary donation) = _____ (membership valid for a full year from the postmark date)</p> <p><input type="checkbox"/> Student _____ USD \$15 + _____ (additional voluntary donation) = _____ (membership valid for a full year from the postmark date)</p> <p><input type="checkbox"/> Organization _____ USD \$65 + _____ (additional voluntary donation) = _____ (membership valid for a full year from the postmark date)</p> <p><small>(For those outside of the United States who need membership fee adjustment due to currency disparity, please contact us via email). <a href="mailto:members@manoamano-unidos.org">members@manoamano-unidos.org</a></small></p>	<p><b>*Students must submit proof of registration (i.e. copy of current course schedule, transcripts, or a letter from a faculty member of your program)</b></p> <p><b>Make check or money order payable to: "Mano a Mano, Inc."</b></p> <p>And send this form and your payment to: Nydia Hernández Treasurer, Mano a Mano 24 Elizabeth St. Sayreville, NJ 08872</p>
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