

COUNCIL OF ORGANIZATIONS SERVING DEAF ALABAMIANS
MEMBERSHIP APPLICATION

Date of Application: _____

Name of Organization: _____

Address

Street Address _____

Mailing Address _____

City _____ Zip Code _____

Designated Representative _____

Job Title of Designated Representative: _____

Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

Type of Organization:

Private for Profit
State Government
Consumer/Advocacy
Other (please list): _____

Private Non-Profit
Post-Secondary
School/Educational

Name and Address of President or Director of Organization (if other than the Designated Representative):

Name _____

Mailing Address _____

City _____ Zip Code _____

E-mail Address _____

Article 111, Section 1, of the COSDA Constitution and Bylaws, defines membership as independently functioning agencies, religious groups, education facilities, and organizations of/for deaf and hard of hearing person involved in providing services or employment to deaf and hard of heading persons in Alabama.

