



Kansas Association of the Deaf, Inc.

455 E. PARK STREET
OLATHE, KS 66061
www.deafkansas.org

Affiliate or Chapter Organizations:

THANK YOU for your years of, either as a former affiliate/chapter member or as a supportive observer, supporting the Kansas Association of the Deaf (KAD) in growing new leaders and continuing its work towards preserving, protecting and promoting the civil, human, and linguistic rights of Deaf Kansans. Your support for the past few years has kept KAD going strong for over 114 years!

KAD invites your Affiliate or Chapter to join or renew its affiliate/chapter membership to keep KAD going strong for another 100 years! Renew today to collaboratively further KAD's mission, to stay connected, be involved, and keep abreast of issues that impact the lives of Deaf Kansans.

A two year Affiliate/Chapter Membership donation is \$25.

The guideline for becoming an affiliate or a chapter member of KAD is enclosed for your review. If your organization meets these guidelines, please fill out the application and mail with your membership donation of \$25 to: Kansas Association of the Deaf, 455 E. Park Street, Olathe, KS 66061.

If you have any questions about the affiliate or chapter membership, please contact:
support@deafkansas.org

Sincerely,

KAD Board

KAD AFFILIATES OR CHAPTERS

1. KAD By-laws for Affiliate or Chapters: Pursuant to Article II, Section 2 Organizational Membership, as follows:

Section 2. Organizational Membership

- (a) Members shall be available to all local chapters of the Association that serve people in the state of Kansas with a mission or interest in furthering the welfare of Deaf people*..
- (b) When an affiliate or chapter decides to send a representative to a KAD function, it does so at its own expense
- (c) The representative shall have the right to vote at a KAD Board of Directors meeting and the right to participate in any Association committee, only focusing on their respective clubs' matters such as meetings and events; and to report back to his or her affiliate or chapter. However, the representatives' votes shall not be included to attend the national conferences at the expenses of this Association.
- (d) The Fiscal Guidelines shall be referred to determine the cost of the dues.

2. KAD Guideline for Affiliates or Chapters:

The following guidelines for Affiliates or Chapters is intended to ensure alignment with KAD's **mission** to preserve, protect, and promote the civil, human, and linguistic rights of Deaf individuals in Kansas.

The Affiliate or Chapter organization shall:

- A. Be an organization that meets or holds events regularly for Deaf people. Two-third (2/3) of members or more of the Affiliate or Chapters organization shall be Deaf.
- B. Have elections, which elects a minimum of three (3) officers. Two-third (2/3) of the officers or more shall be Deaf.
- C. Have By-laws in place for running its organization.
- D. Keep an address list, including e-mail addresses, of officers. A copy of the address list shall be provided to KAD Treasurer@deafkansas.org to place the Affiliate or Chapter members on KAD mailing list for its newsletter and e-mail news.
- E. Be encouraged to join as KAD members.
- F. Cooperate to provide programs and advocacy support for Deaf people* locally and statewide.
- G. Be encouraged to send one representative to the KAD Board of Directors meetings.
- H. The benefit of being an affiliate or chapter of KAD is that your organization shall have the right to submit news, events and announcements to be included in the KAD newsletters.

*The Deaf people encompass a wide spectrum of individuals with diverse identities, all interconnected by the shared experiences and realities they encounter throughout their life's journey.



Affiliate or Chapter Membership Application

Affiliate or Chapter Membership Information [please print clearly]

Organization or Business Name: _____

Street Address / Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ VP: _____

Representative Name: _____

Representative's E-mail: _____ VP: _____

How many members in your Organization? _____

How often does your organization meet? _____

Does your organization have By-laws? _____

List the name of your officers, E-mail addresses and VP numbers:

<u>Officer</u>	<u>Name</u>	<u>E-mail</u>	<u>VP #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Affiliate or Chapter membership - \$25.00 for two years.

Choose one: New Affiliate/Chapter Renewal

Check or money order payable to: Kansas Association of the Deaf, Inc.

Mail the application form to:
Kansas Association of the Deaf
455 E.Park Street
Olathe, KS 66061