



DeafBlind Association of Connecticut

Membership Due

January to December 2024

_____ Renewal _____ New Member

\$18 .00 per person

Name: _____

Address: _____

City/State/Zip: _____

e-mail Address: _____

Please make check or money order payable to: DBAC

Send to: DBAC Treasurer, c/o American School for the Deaf, 139 North Main Street, Box #24,
West Hartford, CT 06107