



Membership

Please print and fill out this form:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____

Email: _____

Annual membership fee is \$5.

Please make payment to **Abused Deaf Women's Advocacy Services** and send it with this form to:

dVELO Cycling
c/o Ralph Fernandez
243 14th Place NE
Washington, DC 20002

Thank you for joining dVELO!