The official slogan of the Junior NAD shall be:

"Joining Nourishes Adult Development"

The official motto of the Junior NAD shall be:

"Promoting the Tomorrow of all the Deaf By working with the Deaf Youth Today"

Georgia Chapter of Junior National Association of the Deaf

2026-2027 Membership Form

The Junior National Association of the Deaf (Jr. NAD) program offers deaf and hard of hearing students in 8th through 12th grade opportunities in Georgia to develop leadership skills, learn and demonstrate citizenship, and meet and interact with students from other schools. Students can participate in the Georgia Chapter of Jr NAD established by Atlanta Area School for the Deaf (AASD), Georgia School for the Deaf (GSD) and Georgia Center of the Deaf and Hard of Hearing (GCDHH). Georgia Chapter of Jr. NAD focus on advocacy, attitude, awareness, commitment, cooperation, friendship, exchange information, involvement and leadership skills. GA Chapter of Jr. NAD offers meetings and participation in many activities such as community events and fundraisers. Skills and values obtained by members during meetings and events will help them to become future leaders and advocates in the deaf and hard of hearing community.

For your child to participate in this year's Georgia Chapter of Jr. NAD, the membership fee of ten dollars ($10) must be paid. The $10 pays for membership and a club t-shirt. Payment can be made by cash or credit card using QR code. The check can be made payable to GCDHH.

If you have any questions or concerns, please feel free to contact the advisors:

AASD Advisor Luke Bundrum – Luke.Bundrum@doe.k12.ga.us

GSD Advisor Julie Burton - JBurton@doe.k12.ga.us or GSD Advisor Marie Dickinson – Mdickinson@doe.k12.ga.us

GCDHH Advisor Jimmy Peterson – jpeterson@gcdhh.org (Deaf or Hard of Hearing in the Georgia Public Schools)

I, the parent/guardian, give my child, _____, permission to participate as a member of 2026-2027 Georgia Chapter of Jr. NAD.

Parent or Guardian (or adult student) Signature*: _____

*** If the child is under the age of 18, the child must have a signature from a parent or guardian.**

Credit Card Payment

Georgia Chapter of Jr. NAD Member Name: _____

Address: _____

City & Zip Code: _____

Member's Email: _____

Member's cell: _____

T-shirt size: S M L XL XXL

Parent or Guardian: _____

Relationship: _____

Email: _____

Cell: _____

School Attendance: _____

Current grade (2026-2027): _____

GVRA Counselor: _____

GVRA Counselor email: _____

GVRA Counselor telephone #: _____