



**Canadian Deafblind Association
Association canadienne de la surdicécité
National Office**

1860 Appleby Line, Unit 14, Burlington, Ontario, L7L 7H7
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Email: info@cdbanational.com
Website: www.cdbanational.com



For AGM voting privileges, all memberships must be received at least 30 days prior to the Annual General Meeting, which is held each year on the 3rd Saturday of September

MEMBERSHIP APPLICATION FORM

Membership year runs from April 1 – March 31

PLEASE CHECK ONE:

	1 year	2 years
Individual Membership (voting member)	\$ 30.00 <input type="checkbox"/>	\$ 50.00 <input type="checkbox"/>
Associate Membership (CDBA staff)	\$ 25.00 <input type="checkbox"/>	\$ 40.00 <input type="checkbox"/>
Family Membership (one vote per family)	\$ 35.00 <input type="checkbox"/>	\$ 60.00 <input type="checkbox"/>
Corporate Membership (one vote)	\$ 65.00 <input type="checkbox"/>	\$ 120.00 <input type="checkbox"/>

OPTIONAL DONATION (a charitable receipt will be issued for tax purposes)

\$25.00 \$50.00 \$75.00 Other \$ _____

CDBA National sincerely appreciates your generous support!

PLEASE CHECK the CATEGORY THAT MOST ACCURATELY DESCRIBES YOUR AFFILIATION:

Deafblind Consumer Parent Sibling CDBA Staff Intervenor
Interested Party Teacher/Therapist Agency Other _____

Name: _____

Address: _____

City & Province: _____ Postal Code: _____

Phone: () _____

E-mail: _____

Type of Payment: Cheque Money Order Visa MasterCard Cash

If paying by credit card, all of the following information must be completed.

Credit Card Number: _____ Expiry Date: _____/_____/_____

Signature: _____ Date: _____

PLEASE mail, or scan and email, a completed form with payment to the CDBA National Office