



**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](mailto:info@cdbanational.com)  
Website: [www.cdbanational.com](http://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 3<sup>rd</sup> Saturday of September**

**MEMBERSHIP APPLICATION FORM**

Membership year runs from April 1 – March 31

- |   |                                   |                                   |
|---|-----------------------------------|-----------------------------------|
| <b>1. PLEASE CHECK ONE:</b>             | <b>1 year</b>                     | <b>2 years</b>                    |
| 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"/> |

**2. 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!**

**3. PLEASE CHECK the CATEGORY THAT MOST ACCURATELY DESCRIBES YOUR AFFILIATION**

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

**4. Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City & Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone:** (        ) \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**5. CDBA provides two (2) news magazines to members each year. Would you prefer:**

A Printed Copy Mailed  An Electronic Copy Emailed  Both

**6. Type of Payment:** Cheque  Visa  MasterCard  Money Order  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**