



Canadian Deafblind Association
Association canadienne de la surdicécité
 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 in September

MEMBERSHIP RENEWAL FORM

(Memberships run yearly from April 1 – March 31)

1. 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"/>

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

Individual with Deafblindness Parent Sibling CDBA Staff Intervenor
 Interested Party Teacher/Therapist Agency Other _____

4. Name: _____

Address: _____

City & Province: _____ **Postal Code:** _____

Phone: () _____ **E-mail:** _____

5. CDBA National produces two (2) “Intervention” news magazines each year. Would you prefer:

A Printed Copy Mailed An Electronic Copy Emailed Both

6. Type of Payment: Cheque Credit Card EFT Money Order Cash

[*Electronic Fund Transfers (EFT) to be emailed to info@cdbanational.com]*

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

Name on Credit Card (please print): _____

Credit Card Number: _____ CVV # _____ Expiry Date: _____

Signature: _____ Date: _____

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