



Canadian Deafblind Association
Association canadienne de la surdicécité
 1860 Appleby Line, Unit 14, Burlington, Ontario, L7L 7H7
 Tel: (289) 339-9319
 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 APPLICATION / 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