



Canadian Deafblind Association
Association canadienne de la surdicécité
1860 Appleby Line, Unit 14, Burlington, Ontario, L7L 7H7
Tel: (365) 366-4525
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 ☐

\$ 50.00 ☐

Associate Membership (CDBA staff)

\$ 25.00 ☐

\$ 40.00 ☐

Family Membership (one vote per family)

\$ 35.00 ☐

\$ 60.00 ☐

Corporate Membership (one vote)

\$ 65.00 ☐

\$120.00 ☐

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 ☐

[*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