



Return completed membership form and payment to:
 750 King Street East, Oshawa, Ontario L1H 1G9
 (905) 579-3328 (VOICE & TTY) (905) 728-1183 (FAX)
 www.durhamdeaf.org info@durhamdeaf.org

Membership Form

*DDS is a non-profit organization that offers services and educational programs to promote self-reliance in the Deaf, deafened and hard of hearing community.
 DDS is committed to increasing Deaf cultural awareness.*

Name(s): _____

Address: _____ Town/City: _____ Province: _____

Postal Code: _____ Telephone: _____ Text Voice

Fax: _____ E-Mail: _____

Membership Type:

<input type="checkbox"/> Senior (\$15) <input type="checkbox"/> Student (\$15) <input type="checkbox"/> Family * (\$35) <input type="checkbox"/> Donation _____	<input type="checkbox"/> Senior Couple (\$20) <input type="checkbox"/> Individual (\$25) <input type="checkbox"/> Organization (\$60)
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*For Family memberships – How many adults: _____ children: _____

Please check all that apply for yourself/family members:

<input type="checkbox"/> I am Deaf, deafened or hard of hearing <input type="checkbox"/> I am an interpreter <input type="checkbox"/> I am the parent of a Deaf/hard of hearing child	<input type="checkbox"/> I am hearing <input type="checkbox"/> Other: _____
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Newsletter and Flyers

Email me newsletters and flyers? Yes No

Email me information about children's events? Yes No

Memberships run for one year, so please remember to renew your DDS membership every year.

OFFICE USE ONLY

Membership - Amount Enclosed: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque # _____
Donation - Amount Enclosed: _____	Receipt #: _____ Staff Initial: _____