

## 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"/> | Senior Couple (\$20) |
| <input type="checkbox"/> | Student (\$15)  | <input type="checkbox"/> | Individual (\$25)    |
| <input type="checkbox"/> | Family * (\$35) | <input type="checkbox"/> | Organization (\$60)  |
| <input type="checkbox"/> | Donation _____  |                          |                      |

\*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 hearing |
| <input type="checkbox"/> | I am an interpreter                             | <input type="checkbox"/> | Other: _____ |
| <input type="checkbox"/> | I am the parent of a Deaf/hard of hearing child |                          |              |

**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: \_\_\_\_\_  Cash  Cheque # \_\_\_\_\_

Donation - Amount Enclosed: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Staff Initial: \_\_\_\_\_