

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:

Senior (\$15)

Student (\$15)

Family * (\$35)

Donation _____

Senior Couple (\$20)

Individual (\$25)

Organization (\$60)

*For Family memberships – How many adults: _____ children: _____

Please check all that apply for yourself/family members:

I am Deaf, deafened or hard-of-hearing

I am an interpreter

I am the parent of a Deaf/hard-of-hearing child

I am hearing

Other: _____

Newsletter and Flyers

Email me newsletters and flyers? 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: _____