

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

**Note: please allow for 2-week processing time.
Membership date will start from date of approval.**

*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: _____