

CNSDB MEMBERSHIP FORM
July 1, 2013 – June 30, 2014

Name: _____
Address: _____
City: _____ Prov: _____ Postal Code: _____
Telephone Number: (_____) _____
Email Address: _____

MEMBERSHIP TYPE:

Individual/Full Member: For people who are deaf-blind.	\$15	_____
Youth Individual/Full Member: For youth who are deaf-blind.	\$10	_____
Associate Member: For people who are not deaf-blind.	\$15	_____
Youth Associate Member: For youth who are not deaf-blind.	\$10	_____
Corporate Member:	\$30	_____

HOW DO YOU WANT TO GET INFORMATION:

Large Print: _____
Regular Print: _____
Uncontracted Braille: _____
Contracted Braille: _____
Email: _____

Signature: _____
Date: _____

Please mail this form and payment to:

CNSDB

405-422 Willowdale Avenue

Toronto, ON M2N 5B1

Please make cheques payable to: CNSDB