



# Canadian Deaf Blind Association

## Alberta Chapter

For voting privileges, all memberships must be received at least 30 days prior to the Annual General Meeting.

### Membership Application Form

Membership is open to any person who supports the objectives of the Canadian Deafblind Association (CDBA).

I would like to purchase a membership for the April 1, 2010 - March 31, 2011 year:

- |   |                                  |
|---|----------------------------------|
| Individual Membership (voting member)                 | \$20.00 <input type="checkbox"/> |
| Associate Membership (non-voting member & CDBA staff) | \$15.00 <input type="checkbox"/> |
| Family Membership (one vote per family)               | \$25.00 <input type="checkbox"/> |
| Corporate Membership (one vote)                       | \$50.00 <input type="checkbox"/> |

### Additional Gift

I would like to give a gift of: \$15.00  \$25.00  Other \$ \_\_\_\_\_

Please indicate the destination for your donation:

National  Chapter  (Please specify Chapter) \_\_\_\_\_

#### ***Please check one:***

Deafblind Consumer  Parent  Sibling  CDBA Staff  Intervenor   
Interested Party  Teacher/Therapist  Agency  Other  \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

E-mail : \_\_\_\_\_

Type of Payment: Cheque  Money Order  Visa  MasterCard  Cash

#### ***If paying by credit card, all of the following information must be completed.***

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Income tax receipts will be issued for all donations. Thank you for your generous support!*

**Please send all membership forms to:**  
**Ruth DiCarman c/o CDBA - Ontario Chapter, 54 Brant Avenue, 3<sup>rd</sup> Floor**  
**Brantford, Ontario, Canada N3T 3G8**

**E-mail: [ruth.cdbraontario@rogers.com](mailto:ruth.cdbraontario@rogers.com) Fax: (519) 759-1425**

Please turn over →

CDBA National is committed to taking a more active role in the dissemination of information that relates to deafblindness and intervention, to its members. Should you be interested in receiving information via email from the National office please ensure

that your email address is on the front of the membership form and that you have indicated below those topics that you would be interested in receiving information on.

1. \_\_\_\_\_ Assessment
2. \_\_\_\_\_ Behaviour
3. \_\_\_\_\_ Calendar Systems
4. \_\_\_\_\_ CHARGE Syndrome
5. \_\_\_\_\_ Communication – Emergent Communicators
6. \_\_\_\_\_ Communication – Proficient Communicators
7. \_\_\_\_\_ Concept Development
8. \_\_\_\_\_ Conferences & Training Opportunities
9. \_\_\_\_\_ Congenital Rubella Syndrome
10. \_\_\_\_\_ Experience Books
11. \_\_\_\_\_ Employment Opportunities across Canada
12. \_\_\_\_\_ Families & Siblings
13. \_\_\_\_\_ Intervention
14. \_\_\_\_\_ Recreation & Physical Activities
15. \_\_\_\_\_ Usher Syndrome