



**CANADIAN DEAFBLIND ASSOCIATION
L'ASSOCIATION CANADIENNE DE LA SURDICÉCITÉ
National Office**

2652 Morien Hwy, Port Morien, Nova Scotia, Canada B1B 1C6
Tel: 1 (866) 229-5832 Fax: (902) 737-1114
Email: cdbanational@seaside.ns.ca
Website: www.cdbanational.com



For voting privileges, all memberships must be received at least 30 days prior to the Annual General Meeting, which is scheduled for October 16, 2010.

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: _____

Please mail or fax your completed membership form to:
CDBA (Ontario Chapter) Inc. 54 Brant Avenue, 3rd Floor Brantford, Ontario N3T 3G8
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. Happy reading!

- _____ Assessment
- _____ Behaviour
- _____ Calendar Systems
- _____ CHARGE Syndrome
- _____ Communication – Emergent Communicators
- _____ Communication – Proficient Communicators
- _____ Concept Development
- _____ Conferences & Training Opportunities
- _____ Congenital Rubella Syndrome
- _____ Experience Books
- _____ Employment Opportunities across Canada
- _____ Families & Siblings
- _____ Intervention
- _____ Recreation & Physical Activities
- _____ Usher Syndrome