



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: _____ TTY Voice

Fax: _____ E-Mail: _____

Membership Type: Senior/student (\$15) Senior Couple (\$20) Family* (\$35)
 Individual (\$25) Organization (\$60)

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

Donation _____

Please check all that apply for yourself/family members:

- I am Deaf, deafened or hard of hearing I am hearing
 I am an interpreter I am in the Family Communication Program
 I am the parent of a Deaf/hard of hearing child Other: _____

Newsletters and Flyers

Send me newsletters and flyers by Mail E-Mail Mail & E-mail

Send me information about children's programs Yes No

Memberships run from July 1 to June 30, so please remember to renew your DDS membership every year.

OFFICE USE ONLY

Membership - Amount Enclosed: _____ Cash Cheque # _____

Donation - Amount Enclosed: _____ Receipt #: _____ Staff Initial: _____