



# Durham Deaf Services

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## Membership Form

*DDS is a non-profit organization that offers services and educational programs to promote self-reliance within the Deaf, deafened and hard of hearing community. DDS is committed to increasing Deaf cultural awareness.*

Memberships run from July 1 to June 30 so please remember to renew your DDS membership every year. With a DDS membership, you will receive the quarterly newsletter, have access to our books and videos from the Resource Library, and will be able to participate in any DDS workshops (with discounts) hosted throughout the year. We encourage and want your participation and support. Durham Deaf Services is here for you!

<b>Membership: Fees</b>	<input type="checkbox"/> Seniors/Students	\$15.00	<input type="checkbox"/> Family	\$35.00
	<input type="checkbox"/> Individuals	\$25.00	<input type="checkbox"/> Organization	\$60.00
	<input type="checkbox"/> Senior Couple	\$20.00		

**For Family Memberships:** How many adults  children   
 How many Deaf  hearing  hard of hearing

List children's ages (optional): \_\_\_\_\_

Would you like to receive information about children's programs?  Yes  No

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

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

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ TTY / Voice Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

How would you like to receive newsletters/flyers and other information?

Mail  E-mail  Mail & E-mail

*Please note that most e-mail attachments are in .PDF format (Adobe). You can download the Adobe Acrobat Reader from a link on our website at [www.durhamdeaf.org](http://www.durhamdeaf.org)*

<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"/> I am in the Family Communication Program
<input type="checkbox"/> I am the parent of a Deaf/hard of hearing child	<input type="checkbox"/> Other _____

Membership  
 Donation

Amount Enclosed: \_\_\_\_\_  
Amount Enclosed: \_\_\_\_\_