



THE CANADIAN DEAFBLIND AND RUBELLA ASSOCIATION

2652 Morien Highway Port Morien, Nova Scotia B1B 1C6
Phone: 866-229-5832 Fax (902) 737-1114 E-mail: cdbra@seaside.ns.ca

All memberships must be received at least 30 days prior to the Annual General Meeting for voting privileges.

Membership Application Form

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

I would like to purchase a membership for the April 1, 2007 - March 31, 2008 year:

- Individual Membership (voting member) \$20.00
- Associate Membership (non-voting member & CDBRA staff) \$15.00
- Family Membership (one vote per family) \$25.00
- Corporate Membership (one vote) \$50.00

Additional Gift

I would like to give a gift of: \$15.00 \$20.00 Other \$ _____

Please indicate the destination for your donation:

National Chapter (Please Specify Chapter) _____

Please check one:

Deafblind Consumer Parent Sibling CDBRA Staff Intervenor
Interested Party Professional Agency Other _____ (Specify)

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 memberships to:

Paul Nobes

CDBRA (Ontario Chapter) Inc.

54 Brant Avenue, 3rd Floor Brantford, Ontario N3T 3G8

E-mail: paul@cdbraontario.ca Fax : (519) 759-1425