



Membership Form

Name : _____

Address: _____

Phone No: _____ V TTY Both

Fax: _____

Email: _____

Please check: Deaf Hard of Hearing Hearing Oral Deaf Deafened

Would you like to receive information by (please check):

Regular mail FAX E-mail

Check here if you do not wish to receive email/mailings from our office

Yearly membership: September 1, 2011 to August 31, 2012

Membership Fees: \$10.00 Seniors (age 65 & over)
(Check One) \$20.00 Individuals
\$30.00 Families
\$50.00 Organizations

Cash, money order and certified cheques accepted. Please do not mail cash.

Send form and payment to:

Deaf Access Simcoe Muskoka
Unit 1009 74 Cedar Pointe Drive
Barrie, ON
L4N 5R7

voice: (705) 728-3577 tty: (705) 728-3599
fax: (705) 728-7613
email: dasm@bellnet.ca

OFFICE ONLY

Received By: _____ Date: _____ Receipt # _____