

**Membership Form**

September 1 - August 31

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| Name: |  | | |
| Address: |  | | |
| City, Province: |  | Postal Code: |  |
| Phone #: | ( ) | Fax #: | ( ) |
| E-mail Address: |  | | |
| Prefer contact by: | Phone Email Mail | | |
| Prefer send flyers/minutes by: | Phone Email Mail | | |

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| --- | --- |
| Font Size: | 12 16 20 24 28 32 36 or \_\_\_\_ |
| Type of Service Support Provider: | Tactile Tracking Close Vision Voice Over  Small Field Vision Communication Facilitator    Pro-Tactile |
| Need ASL / English Interpreter: | Yes No |

|  |  |  |
| --- | --- | --- |
| ASDB Membership: | Active $10.00 | Associate $10.00 |
| Donation (Optional) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

We accept cash or cheque (payable to Alberta Society of the DeafBlind). Mail or drop off money and this form to **6240-113 Street NW, Edmonton, AB T6H 3L2**.

For more information contact: asdbpresident@gmail.com