



ONTARIO ASSOCIATION OF THE DEAF



TRI-O MEMBERSHIP FORM

PAYMENT INFO

Name: (First, Last) Hearing? Yes No

Partner or spouse's name: Yes No

Street address: Apt #:

City:

Province:

Email:

Partner/Spouse's email

Phone number: SRVS or TTY or Voice or Text?

NEW MEMBER?

| | 1 YEAR |
|--------------------|-------------------------------|
| Student | <input type="checkbox"/> \$15 |
| Adult | <input type="checkbox"/> \$20 |
| Adult Couple | <input type="checkbox"/> \$25 |
| Senior | <input type="checkbox"/> \$15 |
| Senior Couple | <input type="checkbox"/> \$20 |
| Subscription only* | <input type="checkbox"/> \$10 |

*Subscription only means you are not member of Tri-o, but you are able to get e-newsletter and updates in emails

MAKE A DONATION Your gift will greatly support our mission.

Please select which one you'd like to donate to:

- All
- OAD
- ODSA
- OCSD

For the amount of:

- \$50
- \$75
- \$150
- \$250
- \$500
- Other (specify) \$ _____

Please check which payment method you're using:

PAYMENT: Enclosed is my cheque for \$

OR: PAYMENT BY: VISA MC PAYPAL to office@deafontario.ca

OR: PAYMENT BY: E-Transfer to office@deafontario.ca

PLEASE MAIL TO:

2395 BAYVIEW AVENUE
TORONTO ON M2L 1A2

CHARITABLE REGISTRATION #: 11906 7411RR0001
email us: office@ontario.ca or call us: 416-413-9191

OFFICE USE ONLY

Date received: Date expiry: Following year on December 31st

Paid by: cash cheque receipt tax receipt other

thank you card ID #

Signature: