



Membership Registration Form
September 1, 2018 – August 31, 2019
 Email: info@acsd.ca

MEMBERSHIP APPLICATION

Name: _____

Address: _____ City, Province: _____ Postal Code: _____

E-mail Address: _____

Anti-Spam Law:
 Do you want to subscribe to ACSD Newsletter and any other information about Deaf events through email? Yes No

<input type="checkbox"/>	Adult / Seniors (55+)	\$15.00	X		= \$
<input type="checkbox"/>	Associate / Family / Student	\$15.00	X		= \$
Total					\$

Conditions of Membership

- The **active** members (Deaf members and Hard of Hearing) shall have the following rights and privileges:
 - The right to vote
 - The right to receive the official membership publication of the Society
 - The right to nominate candidates for elective positions.
 - The right to serve on committee of the Society
 - The right to hold elective office in the Society.
- The **associated** members (Hearing) shall have no voting rights but shall have the following rights and privileges:
 - The right to receive the official membership publication of the Society
 - The right to voice in any discussions.
 - The privilege to serve on any committee of the Society.
- The **affiliated/liaison** associations shall have to following rights and privileges:
 - The right of the representative to vote.
 - The right to receive the official membership publication of the Society.
 - The right of the representative to serve on committee
 - The right of the representative to hold selective office in the Society providing he/she is Deaf or hard of Hearing

Please make a cheque or money order payable
 to **Alberta Cultural Society of the Deaf** and mail or drop-off to:
 Alberta Cultural Society of the Deaf, #206, 11404-142 Street, Edmonton, Alberta T5M 1V1

Visa, MasterCard, and Debit are available.
There is a \$2.50 charge per Visa/MasterCard Transaction and \$0.25 charge for Debit.
There is a \$48.00 fees for all NSF cheques.

Payment Option (please circle): Visa MasterCard

Name on Card _____

Credit Card Number: _____ / _____ / _____ / _____

Expiry Date: ____ / ____ CSV: _____

Signature of Authorization: _____