

Ontario Rainbow Alliance of the Deaf (ORAD)

Affiliated with Rainbow Alliance of the Deaf (RAD)

Last Name: _____ First Name: _____
(Please Print) (Please Print)

City, Province/State, Country): _____
(Please Print)

Email Address: _____
(Please Print)

Do you want to be on an ORAD email distribution list for any ORAD information, announcements, and advertisements? (circle one): YES NO

Do you consent to have your picture used for ORAD promotional materials (website and others)? (circle one): YES NO

Membership Category (circle one):

	<u>1 Year</u>	<u>2 Years</u>
Student/Youth (16 years old and over)*	\$ 10.00	\$ 15.00
Adult	\$ 15.00	\$ 25.00
Senior (65 years old and over)	\$ 10.00	\$ 15.00
Organization**	\$ 100.00	\$ 150.00

* Student ID (high school, college, and university) is required.

** Non-profit, agencies, profit, government agencies and corporation can be included.

Membership Date: ____/____/____ to ____/____/____
MM DD YY MM DD YY

I. ORAD Membership Dues are payable in cash by in-person

II. ORAD Membership Dues are payable to "ORAD" by mail:

1. Cheque (NSF cheque, a fee of \$ 25.00 will be applied)
2. Money Order

Mailing Address: Ontario Rainbow Alliance of the Deaf (ORAD)
c/o The 519 Church Street Community Centre
519 Church Street
Toronto ON M4Y 2C9

A receipt will be issued after the membership dues payment.

<u>FOR OFFICE USE ONLY:</u>	
Date Received: _____	Receipt#: _____
Payment Method: _____	Amount: _____

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tentative: subject to change