LONDON CLUB OF THE DEAF, INC.
Membership Form
Year Registration – 2027

New ☐ **Renewal** ☐ **Change** ☐

First and Last name: _____ **Full** ☐ **Senior** ☐ **Associate** ☐
Adult (18-54) (55 and up) (Hearing all ages)
(for demographic purposes)

Partner's/Spouse's name: _____ **Full** ☐ **Senior** ☐ **Associate** ☐
(if also applying for membership)

Address: _____ Apt./Unit: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

Partner's/Spouse's email: _____

Membership runs from November 1, 2026 to October 31, 2027
$15.00 per Member (age 18 and up)

Choice of payment: ☐ **Cash $**_____ ☐ **Cheque:** payable to **LONDON CLUB OF THE DEAF**

☐ **E-transfer:** lcdmembership60@gmail.com **$**_____

Donation amount: _____ **Membership's signature:** _____
(Tax receipt for a minimum of $25.00)

Partner's/Spouse's Signature: _____

Please mail out the membership form with the cheque payment to:
LCD Membership Coordinator
c/o Darcey Tilford
154 Sussex Place
London, Ontario N5Y 5G9

For the e-transfer payment, please send your copy of the membership form to: lcdmembership60@gmail.com

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Office Use Only: Date of issuance and verification hereinafter signed by LCD Officer, _____
(Officer's signature)

upon the receipt of payment received on _____
(Date)

Paid by: ☐ cash ☐ cheque #_____ ☐ e-transfer Donation receipt ☐ Membership card ☐

CHARITABLE REGISTRATION# 13602 1672 RR0001