

LONDON CLUB OF THE DEAF, INC, Membership Form Year Registration – 2024



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

Address: _____ Apt./Unit: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

Partner's/Spouse's email: _____

Membership runs from November 1, 2023 to October 31, 2024

\$10.00 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: _____
(Tax receipt for a minimum of \$25.00)

Membership's signature: _____

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

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