LONDON CLUB OF THE DEAF, INC,
Membership Form
Year Registration – 2026

New ☐ **Renewal** ☐ **Change** ☐

First and Last name: _____ **Full** ☐ Adult (18-54) **Senior** ☐ (55 and up) **Associate** ☐ (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, 2025 to October 31, 2026

$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 ☐

CHARITABLE REGISTRATION# 13602 1672 RR0001