



Ontario Rainbow Alliance of the Deaf
c/o The 519 Church Street Community Centre
519 Church Street
Toronto, Ontario M4Y 2C9
Canada
membership@orad.ca
www.orad.ca

ORAD Membership Form – Organizational

Contact Information

Organizational Name: _____

Address: _____

City: _____ Province/State: _____

Postal/Zip Code: _____ Country: _____

Email Address: _____ Website Address: _____

Membership Category (please check one)

- 1 Year Organizational Fee: \$50.00
- 2 Years Organizational Fee: \$100.00

Membership Status (please check one)

- New Organizational Membership
- Renewal Organizational Membership

Membership Date

____/____/____ to ____/____/____
M D Y M D Y

Consent Requisitions (please circle one)

Do your organization want to be on an ORAD email distribution list for any information, announcements and advertisements related to ORAD? YES NO

Do your organization consent to have your picture used for ORAD promotional materials (website and others?) YES NO

Payment Information

Please return this membership form with the payment to Ontario Rainbow Alliance of the Deaf in either certified cheque and/or money order to the address above of this membership form. A receipt will be mailed to you upon the payment and membership form received.

