



**Ontario Rainbow Alliance of the Deaf**  
 c/o The 519 Church Street Community Centre  
 519 Church Street, Toronto, Ontario  
 M4Y2C9 | Canada  
 membership@orad.ca | www.orad.ca

## ORAD Membership Form - Individual

### Contact Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 City: \_\_\_\_\_ Province/State: \_\_\_\_\_  
 Country: \_\_\_\_\_ Email: \_\_\_\_\_

### Membership Category (please check):

#### 1 Year

#### 2 Years

- |   |                                  |                                  |
|---|----------------------------------|----------------------------------|
| <input type="checkbox"/> Student/youth (16 years +) | <input type="checkbox"/> \$5.00  | <input type="checkbox"/> \$10.00 |
| <input type="checkbox"/> Adult                      | <input type="checkbox"/> \$10.00 | <input type="checkbox"/> \$15.00 |
| <input type="checkbox"/> Senior (65 years +)        | <input type="checkbox"/> \$5.00  | <input type="checkbox"/> \$10.00 |

*Pay what you can* (from \$0-up) option for people with low-income  
 (this option is open to any of the categories above)

### Membership Classification (please check)

### Membership date

- |  |                  |
|--|------------------|
| <input type="checkbox"/> Regular Membership (Ontario Resident)       | Effective: _____ |
| <input type="checkbox"/> Associate Membership (non-Ontario Resident) | mm/dd/yyyy       |

### Consent Requisitions (circle one)

Do you wish to be on an ORAD email distribution list for any information, announcements and advertisements related to ORAD?      **YES**      **NO**

Do you consent to have your picture used for ORAD promotional materials (website & others?)      **YES**      **NO**

### Payment Information

Please return this membership form with payment to an ORAD Board Member *OR* to the address at the top of this membership form. A receipt will be mailed to you upon receipt of payment and this completed form.

*For Office Use Only:*