



Society of Deaf and Hard of Hearing Nova Scotians
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sdhhs@ns.sympatico.ca
www.sdhhs.org

Membership Application

Name: _____

Address: _____

Postal Code: _____ Phone/TTY/VP Home: _____

Email: _____ Work: _____

Signature: _____ Date: _____



Membership Fees Per Year

Single	\$10.00	___
Couple/Family	\$15.00	___
Organization/Business	\$50.00	___
Life Membership (one time fee)	\$100.00	___
Family Life Membership (one time fee)	\$150.00	___



SDHHNS depends on your support! Donations will help us to continue to provide the programs and services that are essential to our community.

In addition to my membership, I would like to make a donation to the work of the Society in the amount of:

\$25.00 _____ \$50.00 _____ Other _____

Please make cheque payable to **SDHHNS**
A tax receipt will be issued for all donations. Thank you for your support.
Charitable Registration #107990608RR0001



Privacy Statement: Society of Deaf and Hard of Hearing Nova Scotians is committed to protecting your privacy. We will take every step to ensure that the confidentiality of your information is maintained at all times. We are fully committed to the principals set forth in the Federal Personal Information and Electronics Documents Act. Information collected will be kept in our database for the purpose of ensuring, where relevant, that members receive any local affiliate newsletters, the quarterly Atlantic Silent News, notices of upcoming events, meetings, surveys, and to be informed of any fundraising or publicity campaigns.

