



**CANADIAN ASSOCIATION OF EDUCATORS OF  
THE DEAF AND HARD OF HEARING - MARITIMES (MAEDHH)**

**MEMBERSHIP APPLICATION**

**September 1, 20\_\_ – August 31, 20\_\_ (membership valid for one year)**

**Date:** \_\_\_\_\_ **School District:** \_\_\_\_\_

**Province:** \_\_\_\_\_

**Name:**

- Itinerant Teacher**

**Mailing Address:**

**City:**

**Postal Code:**

**Telephone: (Home)**

**(Work)**

**Email Address:**

**Is this a change of address?**      **Yes/No**

**New Member**      **Yes/No**

**Renewing Member**      **Yes/No**

<b>Membership Fees:</b>	<b>National</b>	<b>+</b>	<b>Maritimes</b>	<b>=</b>	<b>TOTAL</b>
<b>Full Membership</b>	<b>\$70.00</b>		<b>\$28.00</b>		<b>\$98.00</b>
<b>Associate Membership</b>	<b>\$50.00</b>		<b>\$ 5.00</b>		<b>\$55.00</b>
<b>Student Membership</b>	<b>\$40.00</b>		<b>\$15.00</b>		<b>\$55.00</b>
<b>Retired Membership</b>	<b>\$40.00</b>		<b>\$15.00</b>		<b>\$55.00</b>

**Please send your completed application form to:**

**MAEDHH Treasurer**

**c/o Margaret MacDougall**

**12 Fairview Drive**

**Salisbury, NB**

**E4J 2C2**