



Application for Membership to

CAEDHH-MB FOR 2015/2016

CANADIAN ASSOCIATION OF EDUCATORS OF THE DEAF AND HARD OF HEARING – MANITOBA

Please complete as fully as possible.

Name _____

Mailing Address _____

Phone #'s Home: ____ - ____ - ____ Cell: ____ - ____ - ____

Work: ____ - ____ - ____ Fax: ____ - ____ - ____

Email: _____

Renewing Membership _____ OR New Membership _____

I have been a continuous member of AMEDHH/CAEDHH-MB from 19__ to ____

Please check which type of membership you are applying for:
(You must join both CAEDHH National and CAEDHH-Manitoba)

	CAEDHH Dues	+	CAEDHH-MB Dues	=	Total
Full Member _____ (teachers)	\$70.00	+	\$15.00	=	\$85.00
Associate Member _____	\$50.00	+	\$15.00	=	\$65.00
Student Member _____	\$40.00	+	\$15.00	=	\$55.00
Retired Member _____	\$40.00	+	\$15.00	=	\$55.00

Please make your cheque payable to CAEDHH-MB.

Mail or drop off your cheque and completed membership form to:

Cindy Neil
Teacher of the Deaf/Hard of Hearing
Program for Deaf/Hard of Hearing Students
George Waters Middle School/St. James Collegiate
1900 Portage Avenue

Winnipeg, MB
R3J 0J1