



NLCED

Newfoundland & Labrador Council of Educators of the Deaf

CAEDHH

Canadian Association of Educators of the Deaf & Hard of Hearing

MEMBERSHIP APPLICATION

September 1, 2015 – August 31, 2016

Name: _____

I am currently a(n):

_____ School-Based Teacher for Students who are Deaf or Hard of Hearing

_____ Itinerant Teacher for Students who are Deaf or Hard of Hearing

_____ Student/Other Associate (please specify): _____

Mailing Address: _____

City: _____

Postal Code: _____

Telephone: (Home) _____ **(Work)** _____

Email Address: _____

Is this a change of address? ____ Yes ____ No

Are you a new member? ____ Yes ____ No

Membership Types and Fees: (*National* + *NLCED* = *Total*)

_____ Full: \$70.00 + \$20.00 = \$90.00

_____ Associate: \$50.00 + \$20.00 = \$70.00

_____ Retired or Student \$40.00 + \$20.00 = \$60.00

Please send your completed application form and cash or cheque (payable to NLCED) to:

Glenda Truitt, NLCED Treasurer

NL English School District

203 Elizabeth Drive

Gander, NL A1V 1H6

Phone: (709) 256-2547, x287

Email: glendatruitt@nlesd.ca