

FNDC MEMBERSHIP FORM

July 1, 2018 - June 30, 2019

\$35.00 includes newsletters by **MAIL** & updates by Email \$10.00 includes newsletters & updates by Email **ONLY**

WHICH TYPE OF MEMBERSHIP?

You may use this form or pay for your membership online at: www.fndc.ca/membership

Voting Member: Parent/guardian of deaf/hh child Non-Voting Member: Individual or organization

Note: voting members are parents/legal guardians of a deaf/hh child. One vote per family.

Birth year of your deaf/hh child: _____. *If you are unable to pay at this time, please just let us know!*

NAME

ADDRESS

CITY/PROVINCE

POSTAL CODE

EMAIL

TEL/CELL#

Check if text only

Note: Please add fndc@fndc.ca to your "safe sender's list" You will receive our email information via MAILCHIMP. Please add Mailchimp to your safe sender's list too!

DONATIONS

You may donate using this form and mail to FNDC or you may also donate directly at www.fndc.ca/donation

I would like to make a charitable donation of \$_____ (income tax receipts will be issued for donations over \$10.00). Thank you for your continued support. (Charitable Registration No. 88622 5655 RR 0001)

PAYMENT METHOD

You may pay your membership using this form and mail to FNDC or you may also renew your membership online at www.fndc.ca

Cheque *

Mastercard



Visa



PayPal



CHARGE CARD #

EXPIRY [MM]

[DD]

[YYYY]

SIGNATURE

TOTAL AUTHORIZED PAYMENT

* Please make your cheque payable to **FNDC Family Network for Deaf Children**

FNDC Family Network for Deaf Children

PO Box 50075, South Slope RPO Burnaby, BC V5J 5G3

Phone: 604 684-1860 voice/text message

Email: fndc@fndc.ca Website: www.fndc.ca