



**DEAF SOCIETY OF
CANTERBURY (INC)**
232A ARMAGH STREET, CHRISTCHURCH

DEAF SOCIETY OF
CANTERBURY (INC)
PO BOX 13-025
CHRISTCHURCH
Ph (03) 379-8251
Fax (03) 379-2919
Email:
chchdeafcan@snap.net.nz

MEMBERSHIP FORM [Please Print]

MR / MRS / MS / MISS (circle one)

Full Name:

Current Address:

..... Postcode:

PHONE NUMBER(S): HOME: WORK:

FAX NUMBER(S): HOME: WORK:

MOBILE/TEXT NUMBER:.....

EMAIL ADDRESS:

Date of Birth.....

Are you Deaf/Hearing Impaired/Hearing? (circle one)

Do you have a partner or spouse who is a member of the Deaf Society of Canterbury? Yes / No

DECLARATION

- I promise to abide by the Constitution Rules of the Deaf Society of Canterbury (Inc).
- I promise to abide by the rules set by the Deaf Society of Canterbury Board of Management regarding Friday Night and/or other Social Evenings held at the Deaf Society.
- I promise to abide by the Conditions of Hire when the Hall is being hired out during the weekends.
- I promise to respect the property of the Deaf Society whenever the Hall or Lounge is being used.

Signature:..... Date:

MEMBERSHIP FEES FOR 2010[Tick appropriate boxes]

- Full Membership \$20 each
- Junior Membership (13-17 years old).....\$10 each
- Junior (under 12 years old).....\$5 each

NOTE new members cannot hire the hall at the member rate until 1year's full membership.

NOTE that if you are playing a sport you must be a member of the Deaf Sports Federation of New Zealand. Please ask for a separate application form from the DSC office.

OFFICE USE: Inputted in MYOB <input type="checkbox"/> Membership List updated <input type="checkbox"/>
