

2019 Membership Application Form

In order to be recognized as an APDA member, all members must pay their yearly subscription. Being a member of the association allows you to participate in activities and projects, to receive our French magazine *Se comprendre* three times a year, to obtain our monthly newsletter and to be part of a living community centred on hearing impairment.

Membership categories:

Active: \$25 Organization: \$35 Supporting: \$20 Student or low-income: \$10

Personal information:

Last name: _____ First name: _____

Address: _____

Postal code: _____ Municipality: _____

Email address: _____

Phone number: _____ Date of birth: _____

Associate member (\$5):

Last name: _____ First name: _____

Date of birth: _____

Issue your check to: Association des personnes avec une déficience de l'audition.

- **I consent to an APDA employee planning a meeting with me to find out my needs and expectations toward the association:**

Yes No

○ If yes, how?

- At home (Quebec City only)
- In APDA's office
- By phone



- **I am registered in the 911 Center Location History System:**

Yes No

* The Location History System allows the police to know that a person with hearing loss lives in a specific location and may, for instance, not have heard the fire alarm.

- **I consent to my birth month being disclosed in the newsletter to participate in the monthly draw for a birthday gift:**

Yes No

- **I authorize images or videos broadcast of myself in APDA'S context, on its website and other official promotional websites, as well as for media purposes including advertising campaigns and presentations.** Yes No

Signature

Date