

*Application for Membership to*  
**CAEDHH-MB FOR 2010/11**  
**CANADIAN ASSOCIATION OF EDUCATORS OF THE**  
**DEAF AND HARD OF HEARING – MANITOBA**

Please complete as fully as possible.

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_

Phone #'s      Home \_\_\_\_ - \_\_\_\_ - \_\_\_\_      Work \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email Address \_\_\_\_\_ FAX # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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:

Kathy Solmundson  
 c/o MSD  
 242 Stradford St.  
 Winnipeg, MB R2Y 2C9