The National Educational Association of Disabled Students (NEADS)

Membership Application

Name:_____

Institution: _____

Status:_____

Address: _____

_____

City: _____Province: _____

Postal Code: _____Phone: _____

Please indicate the disability group to which you belong:

Hearing Impaired: _____

Learning Disabled: _____

Mobility Impaired: _____

Visually Impaired: _____

Other:_____

_____

Please indicate the membership category to which you belong:

Regular Membership (i.e. student): ☐
Associate Membership (i.e. professional): ☐
Institutional Membership (i.e. business): ☐

Is this membership application: ☐ new ☐ renewal
Preferred format for materials:
print ☐ diskette ☐ audio-cassette ☐ large print ☐

Regular & Associate Membership fee: $10.00
Institutional Membership fee: $20.00

I, _____, would like to be a member of NEADS and I am enclosing a cheque in the amount of ($10.00/$20.00), which represents my annual membership fee.

Signature:_____

Date:_____

Send your completed application to:
NEADS, 4th Level Unicentre, Carleton University,
Ottawa, Ontario, K1S 5B6