



Deaf Crows Collective

Individual Membership Form for 2020 - 2021

(Please print clearly)

Name: _____
(one form for each individual, please)

Address: _____

City: _____ Postal Code: _____

E-mail: _____

Please mark one: Active (voting) Supporting (non-voting)

Fee (\$5.00): **\$ 5.00**

- Due to the COVID-19 activities, it is encouraged to make an e-transfer to deafcrowscollective@gmail.com with a security answer provided and the form sent in a separate email message to deafcrowscollective@gmail.com.
- No cash in mail.

For Office Use:	
Method of Payment:	_____
Date Paid:	_____

Deaf Crows Collective

Date: _____

Received from _____ \$ **5.00**

**** Five ----- 00/100 Dollars

For Deaf Crows Collective Membership for 2020-2021

Method of Payment: _____

Signed: _____, Treasurer