



TORONTO ASSOCIATION OF THE DEAF

INCORPORATED 1937

TAD BOARD NOMINATION FORM

Your Name: _____

City: _____ Province: _____

Contact: _____ - - Text - Email

Are you a TAD member for 2022?

- Yes

- No

If NO, fill and send [TAD membership form](#) with payment.

Describe yourself: _____

Describe your talent/skills: _____

OR: – you can also attach brief ASL video explaining my talent/skills
*[Limit 1-2 minutes, attach with this form or send through WeTransfer
app to president@deaftoronto.ca*

Send to: president@deaftoronto.ca