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HLAA opens the world of communication to people with hearing loss through information, education, support, and advocacy. HLAA is a 501(c)(3) organization.

MEMBERSHIP FORM

I'd like to: Become a member of HLAA Renew my membership Give a gift membership

My Membership/Renewal

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Email: _____ Phone: _____ - _____ - _____

Chapter I belong to: _____

How did you learn about HLAA? _____

Gift Membership

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Email: _____ Phone: _____ - _____ - _____

| | Annual USA Membership Fees | Annual Non-USA Membership Fees |
|-------------------|---|---|
| Individual | <input type="checkbox"/> \$35 (1 year) <input type="checkbox"/> \$95 (3 years) <input type="checkbox"/> \$140 (5 years) | <input type="checkbox"/> \$45 (1 year) |
| Couple/Family | <input type="checkbox"/> \$45 (1 year) | <input type="checkbox"/> \$55 (1 year) |
| Professional | <input type="checkbox"/> \$60 (1 year) | <input type="checkbox"/> \$75 (1 year) |
| Library/Nonprofit | <input type="checkbox"/> \$50 (1 year) | <input type="checkbox"/> \$75 (1 year) |
| Student | <input type="checkbox"/> \$20 (1 year) | N/A |
| Corporate | <input type="checkbox"/> \$300 (1 year) | <input type="checkbox"/> \$325 (1 year) |

My membership fee is \$ _____

Plus I'm adding a tax deductible donation of \$ _____

My total is \$ _____

3 Ways To Join, Renew or Give a Gift Membership

1. Return this form to your chapter with your check made payable to HLAA.
2. Mail or fax this form to the HLAA office at the address above with your credit card information.
3. Visit www.hearingloss.org/content/join and use your credit card online. (this is a secure website)

Credit Card Payment Information: American Express Discover MasterCard VISA

Card Number: _____ Expiration Date _____ Security Code _____

Name: _____ (as it appears on card)

Signature: _____ (Include your billing address if different than membership address above.)