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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](http://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.)