



Hearing Loss Association of America

7910 Woodmont Ave Ste 1200
Bethesda, MD 20814-7022
(301) 657-2248 TEL • (301) 657-2249 TTY
(301) 913-9413 FAX
Email: Info@hearingloss.org
Web site: <http://www.hearingloss.org>

Membership Form

- I'd like to: Be an Hearing Loss Association of America *Member*
 Renew my Membership
 Give a Gift Membership (please list name/address/ phone/email of recipient on back)

The cost for one year is **\$35 Individual Memberships, USA Only**
\$45 Couple/Family Memberships, USA Only
\$60 Professionals, USA Only

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: (____) _____ - _____

Membership: \$ _____

Donation: \$ _____

Total: \$ _____

Check # _____

Credit Card

Credit Card: #: _____ Exp.Date: _____
VISA

MasterCard Name: _____ (as it appears on credit card)

American Express

Discover

Signature: _____

My E-mail is: _____

My Chapter is: _____