



CANADIAN HARD OF HEARING ASSOCIATION

MEMBERSHIP FORM

CHHA is a non-profit organization run by hard of hearing individuals for persons with varying degrees of hearing loss. CHHA advocates the rights and needs of hard of hearing and deafened persons at the National level in an effort to break down social barriers, create awareness and fully integrate hard of hearing and deafened persons into society. CHHA needs your help to create a voice for hard of hearing and deafened persons. By becoming a member you will help hard of hearing people have the right to be heard!

Is this membership a renewal? Yes or No (circle the appropriate answer)

Membership Type

- Personal Membership** for any individual interested in the objectives of CHHA {\$30.00}
- Student Membership** for any student (proof is required) interested in the objectives of CHHA {\$20.00}
- Family Membership** for any family interested in the objectives of CHHA {\$50.00}
- Lifetime Membership** a one-time fee for anyone interested in the objectives of CHHA {\$350.00}
- Not-For-Profit Membership** for any not-for-profit group sympathetic to the objectives of CHHA {\$120.00}
- Organization Membership** for any organization that is sympathetic to the objectives of CHHA {\$300.00}

About You

First Name: _____

Formality: Mr. Miss

Last Name: _____

Mrs. Ms.

Dr.

To which age group do you belong?

- Under 18
- 19 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- Over 75 years of age

Do you already belong to a CHHA Branch?

- Yes No

If yes, which branch? _____

Please supply us with your contact information:

Street: _____

City: _____ **Province:** _____ **Postal Code:** _____ - _____

Telephone/TTY: (____) _____ **Fax:** (____) _____

Email: _____

About Your Hearing

Hearing Status: Hard of Hearing
 Late-deafened
 Deaf
 Family member of a person with a hearing loss

Hearing Loss type: Sensorineural (Nerve)
 Conductive (Bone)
 Mixture - Nerve & Bone
 I don't know
 Other; please specify: _____

Degree of Loss: Mild/Low
 Severe
 Moderate
 Profound
 I don't know

Your Hearing Loss Is: Bilateral
 Unilateral
 Sudden
 Progressive

Other Hearing Related Symptoms/Disorder: Tinnitus Ménière's disease
 Hyperacusis Acoustic Neuroma
 None
 Other; please specify: _____

Type of Technology Used: Behind-the-ear aids Body aid
 Cochlear implant In-the-ear aids (ITC or CIC)
 Bone anchored hearing aids None
 Other (Please specify): _____

Please select the communication strategies you use:

TTY Telephone volume control Cued speech
 Infrared system Telephone using the t-switch Speechreading
 FM system Hearing ear dogs Friend/family help
 Signaling system Captioning for television or videos Other (Please specify): _____
 Sign language interpretation Computerized note-taking
 Oral interpretation CART

Payment

Method of Payment: Cheque/Money Order Visa MasterCard
Amount Enclosed: \$30.00 \$20.00 \$50.00 \$120.00 \$300.00 \$350.00

Card No.: _____ **Expiry:** ____/____

Signature: _____ **Date:** _____

The Canadian Hard of Hearing Association is committed to respecting and protecting your personal privacy. CHHA understands the importance of protecting the information collected about you and therefore we do not sell, or use your personal information for any other reason than that pertaining to your CHHA Membership and your corresponding subscription to Listen/Écoute. If you would like CHHA to share your name and contact information with Branches and Chapters please consent below:

YES! I would like to participate and receive Branch & Chapter Newsletters and hereby consent to CHHA using my contact information for promotional and information purposes **within** the Canadian Hard of Hearing Association

Signature: _____ **Date:** _____

Please note that participation within CHHA Branches and Chapters may incur additional fees to sustain and better serve members at a branch level. Please contact your local branch for information about involvement.