



7910 Woodmont Avenue Ste 1200
Bethesda, MD 20814-7022
301.657.2248 TEL • 301.913.9413 FAX
Email: membership@hearingloss.org
Website: www.hearingloss.org

Membership Form

- I'd like to: Join as a Member
 Renew my Membership
 Give a Gift Membership (Please list name/address/phone/email of recipient on back)

The cost for one year is **\$20** Student Memberships, USA Only
\$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

- VISA
 MasterCard
 American Express
 Discover

Card # _____

Exp.date: _____ Security code: _____

Name: _____ (as it appears on credit card)

Signature: _____

My Email is: _____

I belong to Chapter: _____