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New York City Chapter  
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Phone: 212.769.4327  
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Web: [www.hearinglossnyc.org](http://www.hearinglossnyc.org)

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

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

## MEMBERSHIP FORM

### JOIN/RENEW MEMBERSHIP

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_ Country \_\_\_\_\_  
Chapter New York City

How did you learn about us? \_\_\_\_\_

### GIFT MEMBERSHIP

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_ Country \_\_\_\_\_

	USA Fees	Non-USA Fees
Individual	<input type="checkbox"/> \$35 (1 year)	<input type="checkbox"/> \$45 (1 year)
	<input type="checkbox"/> \$95 (3 years)	
	<input type="checkbox"/> \$140 (5 years)	
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)	<input type="checkbox"/> 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. **CHECK:** Return this form to the NYC Chapter at the above address with your check made payable to HAAA.
2. **CREDIT CARD:** Complete the credit card information below and attach this form by email ([info@hearinglossnyc.org](mailto:info@hearinglossnyc.org)); mail or fax.
3. **ONLINE:** 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:	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA
Card Number	Expiration Date		Security Code	
Name (as it appears on card)				
Signature:(Include your billing address if different than membership address above.)				