



# Membership Application

\_\_\_\_\_ **Date**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City, State, Zip**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**E-mail**

**Membership** includes HLAA and local Diablo Valley Chapter. Fifteen dollars of your fees goes to the HLAA-Diablo Valley Chapter.

\$35 Student

\$60 Individual

\$70 Couple

\$95 Professional

\$515 Corporate

## **Complimentary Veterans Membership**

Veteran—see HLAA website, [www.hearingloss.org](http://www.hearingloss.org)

**Chapter Donations:** Please donate! We need your help. Your donation can help us better serve our community.

\$100

\$75

\$50

\$25

\$10

Other \_\_\_\_\_ no amount too small    Total enclosed \$ \_\_\_\_\_

Make checks payable to

**HLAA-DV  
P.O. Box 5495  
Walnut Creek, CA 94596-9998**

We are a 501(c)(3) tax exempt organization.  
Your dues and donations may be tax deductible.