



Membership Form

_____ **Date**

Name

Address

City, State, Zip

Telephone

E-mail

Membership includes HLAA DV and HLAA membership.

\$30 includes **online** HLAA hearing life magazine

\$75 includes HLAA hearing life magazine in **print**

Complimentary Veterans Membership

Veterans membership includes **online** hearing life magazine

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
PO Box 5495
Walnut Creek, CA 94596-9998**

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