



ALBERTA HANDS & VOICES

“What works for your child is what makes the choice right.”

Membership Form

Date: _____

We are a non-profit, parent-driven organization dedicated to supporting families of children who are deaf or hard of hearing. We are non-biased about communication methodologies and believe that families can make the best choices for their child if they have access to good information

and support. As a non-profit organization, we are dependent upon registration fees, grants, and other donations in order to function. Therefore, we invite anyone who supports our mission to become a member for the nominal fee of \$25.00 a year (family/individual) or \$40.00 a year (professional) to receive our mailings and newsletters, support the cost of our events, and to ensure that a non-biased voice remains available to families. ***Join today, and help us change the world!***

Name: _____

Email address: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____

Individual (\$25) Family (\$25) Professional (\$40)

Membership Fee submitted
*(please make cheques payable to Alberta Hands & Voices, or pay by credit card:
<http://albertahandsandvoices.com/membership/>)*

Scholarship
(anyone who is unable to pay the annual membership dues at this time but still wishes to receive our mailings)

Year of birth of Deaf/HoH child/ren: _____

Information about you and your child (or children) for individual or family memberships, or information about your job position for professional membership:

Are you interested in volunteering for our organization? If so, in what capacity?

Hosting Coffee Chat Fundraising Event Volunteer Board Participation

Other: _____