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## Membership Form

Date \_\_\_\_\_

New Member  Renewal

Give a gift membership (USA only) / Below is the gift recipient's information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### ANNUAL MEMBERSHIP OPTIONS

**Regular Membership** (Includes *Hearing Life* in print and digital format)

Individual \$45  Professional \$80  Corporate \$500

Couple/Family \$55  Nonprofit \$80

**Online Membership** (Includes *Hearing Life* in digital format only)

Individual \$35  Student \$25

### Veteran Membership

COMPLIMENTARY one year Regular Membership and lifetime Online Membership

**Non-USA Membership:**  Individual \$55

### PAYMENT

Membership Fee \$ \_\_\_\_\_

I would also like to make a donation \$ \_\_\_\_\_

**Total Payment** \$ \_\_\_\_\_

### BILLING INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

(Billing address for credit card charge)

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_ Country \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Chapter I belong to: \_\_\_\_\_

### CREDIT CARD PAYMENT INFORMATION

American Express  Discover  MasterCard  VISA

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CSV Code: \_\_\_\_\_

Name: \_\_\_\_\_ (as it appears on your credit card)

Signature: \_\_\_\_\_