



6116 Executive Blvd., Suite 320 • Rockville, MD 20852  
Phone: 301.657.2248  
membership@hearingloss.org • hearingloss.org

## 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

**Veteran Membership** (New members only)

**COMPLIMENTARY one year Regular Membership**

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

#### PAYMENT

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

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

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

### BILLING INFORMATION ONLY FOR CREDIT CARD PAYMENT

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: \_\_\_\_\_