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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: _____