



HLAA LIST USE AGREEMENT

Connect with your community.

As an HLAA state organization, state chapter coordinator, or chapter leader you have access to a listing of HLAA national members in your area. The area is defined as the first three digits of the corresponding ZIP codes or the county in which the chapter meets. For state associations or offices the area is the entire state.

You may use the list to invite HLAA members to state or chapter events, meetings, or to inform them of your presence in the community and extend a friendly hand. However, fundraising efforts are a prohibited use. This gives HLAA members the chance to be informed on hearing loss issues, acquire information, get peer support, connect with others and get involved.

The list of zip codes and counties a chapter submits must be agreed to by any other nearby chapters which are equally distant from, or border, the requested zip codes or counties listed in this agreement. It is the responsibility of the submitting chapter to gain email or written concurrence to their list of any questionable zip codes and counties from all nearby chapters. We recommend chapters gain written agreement from the adjoining chapters in advance as it will delay the processing and approval of an agreement if HLAA has to verify the list. In addition, the discovery of any such questionable areas will delay an agreement's approval and further processing until the submitting chapter submits written concurrence from all nearby chapters.

NOTE: If you are a chapter participating in the HLAA Unified Membership Program, you must attach a written or email agreement in advance from any nearby chapters that do not dispute any zips or counties listed.

Please fill out the form on the next page and email or fax it to the HLAA national office. You need only to sign the agreement once during your tenure as a leader. **Please note: Each leader who uses the membership list must sign a List Use Agreement.** The list must be used only for purposes related to the HLAA State or Chapter activities. Only current HLAA members may receive lists. Since everyone in a leadership role must be a current HLAA member, this should not be an issue.

HLAA offers two formats of the membership lists. We send these to you by email.

1. **Names and addresses in a Word document** ready for easy printing onto Avery® 5160 labels.
2. **Excel spreadsheet** – contains names and addresses and **email addresses** should you want to contact members by email.

Please contact HLAA with membership list requests or questions by phone at 301.657.2248; by fax at 301-913-9413 or by email to chapters@hearingloss.org.



MEMBERSHIP LIST USE AGREEMENT

HLAA mailing lists contain the contact information of individual and professional members. HLAA is willing to share limited portions of its membership list with HLAA state and chapter organization leaders solely for purposes related exclusively to promoting HLAA state and chapter organization activities, with fundraising being an exception to the usage of this list.

List Use Policy

1. HLAA membership lists may be requested and used by official HLAA state organizations, state coordinators, or chapter leaders only. Every person receiving the list must be a current HLAA member and have a signed list use agreement on file at HLAA's headquarters.
2. The HLAA list must be used **only** for the use specified above. HLAA reserves the right to refuse any list use request for any purpose other than to promote HLAA state or chapter activities or that is in conflict with HLAA's mission and values.
3. Use of an HLAA membership list in no way constitutes HLAA's approval of its use including the content of a mailing.
4. Recipients may use the list with email marketing services MailChimp and ConstantContact.

I have read, understand, and agree to comply with the above guidelines.

Your signature and date

Your name and leadership title (please print or type)

HLAA state organization or chapter name

Your daytime or cell phone number and email address



Please fill in the information below. HLAA will send the list(s) via email within 10 business days.

- Current HLAA Members Former HLAA Members
- First three digits of each ZIP code; county name(s) **or** state abbreviation: _____
- List format:
Avery 5160 labels in Word Excel

Please send this completed form to: chapters@hearingloss.org or by fax to 301.913.9413 or by postal mail to HLAA, 7910 Woodmont Avenue, Suite 1200, Bethesda, MD 20814

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