

To join the HLAA TC Chapter, please print and complete this form and mail to:

HLAA TC Chapter  
P.O. Box 26021  
Minneapolis, MN 55426

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

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

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

Phone/TTY#: \_\_\_\_\_

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

**Membership Type:**

(Please Select One. All Memberships are annual and renewed on September 15th of each year)

New Membership

Renewal

(\$15) - Individual Membership

(\$50) - Professional Membership

(\$15) - Newsletter Subscription

**Please add up totals and mail this form along with your payment to the address listed at the top of this form.**

\_\_\_\_\_ **Total Enclosed**

***\*NOTE: National Membership is a separate membership with privileges and publications.***

For National HLAA Membership\*

Please visit National's site at [hearingloss.org](http://hearingloss.org) for payment and membership details ([www.hearingloss.org](http://www.hearingloss.org)).