

To join/renew 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

(\$25) - Individual Membership

(\$50) - Professional Membership

(\$15) - Printed Newsletter Subscription (optional – all memberships include a newsletter via email)

(\$____) – Donation*

*HLAA-TC is a 501(c)3 organization. All donations are tax deductible.

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

_____ **Total Enclosed**

This membership does not include national membership**

Please visit National's site for payment and membership details

(www.hearingloss.org).

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