

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

(\$25) - Individual Membership

(\$50) - Professional Membership

(\$____) - Donation

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 (see www.hearingloss.org).**

RECEIPT

This is acknowledgement that \$_____ has been received by HLAA-TC for

from:

Name _____

Date _____

By _____

HLAA-TC is a nonprofit 501 (c) 3 organization.