

## Hearing Loss Assoc. of Lane County Chapter Fee and National Membership Form

Please fill out this form /survey & mail to HLA - Lane Co., PO Box 22501, Eugene, OR 97402.

I have enclosed: Chapter fees \_\_\_\_\_ \$10.00 Chapter Donation of \$ \_\_\_\_\_  
National dues \_\_\_\_\_ \$35.00 (regular) \$70 \_\_\_\_\_ (professional)\*

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Preferred phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Occupation (*former occupation if retired*): \_\_\_\_\_

Why are you joining us?

\_\_\_\_\_

What most interests/puzzles you about hearing or hearing devices?

\_\_\_\_\_

Are you interested in volunteering? What would you like to do?

\_\_\_\_\_

How did you learn about us \_\_\_\_\_ ?

Would you like to be on our email news list: \_\_\_\_\_ Yes \_\_\_\_\_ No

\*Donations to either the national organization or our local chapter are always welcome and are tax deductible."

## Memorial/Honorarium or Special Donations

I enclose a donation of:

\_\_\_\$10 \_\_\_\$20 \_\_\_\$50 \_\_\_\$ Other

This gift is In Memory of:

\_\_\_\_\_

In Honor of: \_\_\_\_\_

\_\_\_\_\_ Birthday \_\_\_\_\_ Anniversary

\_\_\_\_\_ Holidays \_\_\_\_\_ Marriage

\_\_\_\_\_ Survivors' Manual \_\_\_\_\_ Other

Please send notification of this gift to:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

This gift is from:

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

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

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