



CANADIAN HARD OF HEARING ASSOCIATION

MEMBERSHIP APPLICATION

CHHA is a non-profit organization run by hard of hearing individuals for persons with varying degrees of hearing loss. CHHA advocates the rights and needs of hard of hearing and deafened persons at the National level in an effort to break down social barriers, create awareness and fully integrate hard of hearing and deafened persons into society. CHHA needs your help to create a voice for hard of hearing and deafened persons. By becoming a member you will help hard of hearing people have the right to be heard!

- Personal Membership** for anyone interested in the objectives of CHHA {\$25.00}
- Lifetime Membership** a one-time fee for anyone interested in the objectives of CHHA {\$300.00}
- Family Membership** for any family interested in the objectives of CHHA {\$40.00}
- Organization Membership** for any organization that is sympathetic to the objectives of CHHA {\$70.00}

About You

First Name: _____

Formality: Mr. Miss

Mrs. Ms.

Last Name: _____

Dr.

To which age group do you belong?

- Under 18
- 19 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- Over 75 years of age

Do you already belong to a CHHA Branch?

- Yes No

If yes, which branch? _____

Please supply us with your contact information:

Street: _____

City: _____ **Province:** _____ **Postal Code:** _____ - _____

Telephone/TTY: (____) _____ **Fax:** (____) _____

Email: _____

About Your Hearing

Hearing Status:

- Hard of Hearing
- Late-deafened
- Deaf
- Family member of a person with a hearing loss

Hearing Loss type:

- Sensorineural (Nerve)
- Conductive (Bone)
- Mixture - Nerve & Bone
- I don't know
- Other; please specify: _____

Degree of Loss:

- Mild/Low
- Severe
- Moderate
- Profound
- I don't know

Your Hearing Loss Is:

- Bilateral
- Unilateral
- Sudden
- Progressive

Other Hearing Related Symptoms/Disorder: Tinnitus Ménière's disease
 Hyperacusis Acoustic Neuroma
 None
 Other; please specify: _____

Type of Technology Used: Behind-the-ear aids Body aid
 Cochlear implant In-the-ear aids (ITC or CIC)
 Bone anchored hearing aids None
 Other (Please specify): _____

Please select the communication strategies you use:

| | | |
|---|--|---|
| <input type="checkbox"/> TTY | <input type="checkbox"/> Telephone volume control | <input type="checkbox"/> Cued speech |
| <input type="checkbox"/> Infrared system | <input type="checkbox"/> Telephone using the t-switch | <input type="checkbox"/> Speechreading |
| <input type="checkbox"/> FM system | <input type="checkbox"/> Hearing ear dogs | <input type="checkbox"/> Friend/family help |
| <input type="checkbox"/> Signaling system | <input type="checkbox"/> Captioning for television or videos | <input type="checkbox"/> Other (Please specify): _____ |
| <input type="checkbox"/> Sign language interpretation | <input type="checkbox"/> Computerized note-taking | _____ |
| <input type="checkbox"/> Oral interpretation | <input type="checkbox"/> Communication Access Realtime Translation (CART) | _____ |

Payment

Method of Payment: Cheque/Money Order Visa MasterCard

Amount Enclosed: \$25.00 \$40.00 \$70.00 \$300.00

Card No.: _____ **Expiry:** ____/____

Signature: _____ **Date:** _____

The Canadian Hard of Hearing Association is committed to respecting and protecting your personal privacy. CHHA understands the importance of protecting the information collected about you and therefore we do not sell, or use your personal information for any other reason then that pertaining to your CHHA Membership and your corresponding subscription to Listen/Écoute.

If you would like CHHA National to share your name and contact information with the CHHA Branches and Chapters please consent below:

YES! I would like to participate and receive CHHA Branch and Chapter Newsletters and hereby consent to CHHA using my name and contact information for promotional and information purposes **within** the Canadian Hard of Hearing Association Branches and Chapters

Signature: _____ **Date:** _____

Please note that participation within CHHA Branches and Chapters may incur additional fees to sustain and better serve members at a branch level. Please contact your local branch for information about involvement.