



Idaho Hands & Voices
PO Box 9617
Boise ID 83707
www.idhandsandvoices.org

Membership Application

Please fill out the following information:

Parent Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Child(ren) Name(s): _____ Year of Birth(s): _____

Type(s) of Hearing Loss: _____

Communication Mode(s): _____

Technology Used: _____

School(s) Enrolled in: _____

Please check one or more of the following you are interested in:

- Family Membership \$15 per year
- Student Membership \$15 per year
- Professional Membership \$25 per Year
- Scholarship Membership Families Only

Membership benefits include notice of local H&V activities as well as both State (6/year) and National (4/year) newsletters.

- SPECIAL!!! First Year Free** Membership - Thanks to the generosity of Idaho Sound Beginnings-EHDI, for families with a child who is deaf or hard of hearing under the age of 18 and have not previously been an IDHV member.
- I don't want to become a member, but would like to receive the IDHV newsletter via email
- I want to help more - enclosed is an additional donation \$ _____
- Send the State newsletter by EMAIL
- Send the State newsletter by MAIL
- Include me on the email distribution for news alerts and calendar event notification

Signature: _____ Date: _____

Mail to: Idaho Hands & Voices, PO BOx 9617, Boise ID 83707 (checks payable to Idaho H&V)

Or, scan and email to: idahohandsandvoices@gmail.com (use PayPal on our website www.idhandsandvoices.org to finalize payment if applicable)