



# 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}
- 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 participate in 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
- Unknown
- Other; please specify: \_\_\_\_\_

**Degree of Loss:**

- Mild/Low
- Severe
- Moderate
- Profound
- Unknown

**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

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/Ecoute.

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.