



The Hearing Loss Association of Delaware

A State Association of the Hearing Loss Association of America

"We offer help and hope to people with hearing loss"

[www.HearingLossDelaware.org](http://www.HearingLossDelaware.org) or (302)388-9459 (Ph/Relay/TTY)

**Application for Membership  
The Hearing Loss Association of Delaware**

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

Title (Mr.Mrs.Dr.) First Name MI Last Name Date

\_\_\_\_\_

Address 1–Street/PO Box/Unit # City State Zip Code

\_\_\_\_\_

\_\_\_\_\_@\_\_\_\_\_

Telephone (print)

Email Address (print)

<i>HLADE Dues/Membership</i>	<i>\$25.00</i>
<i>Regular -\$25 Family \$5.00</i>	<i>\$25.00</i>
<i>Senior - \$20 (circle one)</i>	
<i>Professional \$40</i>	<i>\$40.00</i>
<i>Corporate</i>	<i>\$100.00</i>
<i>I want HLADE to help more people! (Additional donation)</i>	<i>\$</i>
<b>TOTAL AMOUNT DUE</b>	<b>\$</b>

**I am interested in helping in this/these area(s):**

**(Check one or more)**

**Education**\_\_\_\_ **Outreach**\_\_\_\_ **Newsletter**\_\_\_\_

**Finance**\_\_\_\_ **Programs**\_\_\_\_ **Fundraising**\_\_\_\_

**Support Groups**\_\_\_\_ **Advocacy**\_\_\_\_ **Social media**\_\_\_\_

**Membership**\_\_\_\_ **Student Scholarships**\_\_\_\_ **Website**\_\_\_\_

**Note:** All donations are tax deductible, Federal EIN # 52-1177011

To process your membership, print this page and send your check to HLAA-DE at:

**MS. CAROLYN DOERR, TREASURER**

**HEARING LOSS ASSOCIATION OF DELAWARE, 401 VARSITY LANE, DE 19701-3940**

**Or SAVE form in Word and attach it by email to HLADE. Tx!**

Thank you for your help and support of HLADE!!! 😊