



Idaho Hands & Voices  
PO Box 9617  
Boise ID 83707  
[www.idhandsandvoices.org](http://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](mailto:idahohandsandvoices@gmail.com) (use PayPal on our website [www.idhandsandvoices.org](http://www.idhandsandvoices.org) to finalize payment if applicable)