



MEMBERSHIP FORM

Please fill out the form below with as much or as little information as you want to share with us.

- I am a parent or grandparent of a deaf or hard of hearing child.
- I am a professional who works with deaf or hard of hearing children and/or their families.
Please indicate what type of professional you are: _____
- I am a professional who works with deaf or hard of hearing adults.
- I am a deaf or hard of hearing individual.
- Other (Please specify): _____

NAME(S): _____

NAMES and BIRTH YEARS of your CHILDREN (optional)
If you want to share, please indicate which child or (children) is/are deaf or hard of hearing

| NAME | DOB | D/HOH |
|-------|-------|--------------------------|
| _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> |

ADDRESS: _____

_____ County _____

EMAIL ADDRESS(S): _____

PHONE NUMBER(S): () _____ () _____

****Please Check All that Apply:****

I prefer to be contacted by: Email Regular mail Telephone

Would you like to be added to the HearTN list serve? (This is an e-mail distribution list)

Membership Dues: Family \$25 (Scholarships available if requested)

Professional \$40 Small Business \$50

*Please make Check or Money Order to TN Hands & Voices and mail payment and form to:
TN Hands and Voices; PO Box 122; Trenton, TN 38382.*

Membership benefits include but are not limited to: Statewide and National Community Connections; Social Gatherings for Families; Advocacy Training, Outreach Programs and other Educational Opportunities; Quarterly Publications including Hands & Voices Communicator; Parent Perspective and Representation on Statewide/National Issues; Countless opportunities to be in contact with families/children in similar situations, as a supporter, the one being supported or just making new friends.

Please answer the following based on what works best for your family

How often do you think we should meet? Monthly Quarterly Every other Month

Do you prefer the meetings to be: Conference call In person Some of Both

What times are convenient for you? Morning Afternoon Evening Saturdays

What topics are you most interested in?

- Networking with families IEP/Advocacy Methodology Choices Lobbying/Legislation
 Resources Transition Communication Strategies Deaf Culture
 Other _____

////////// Please rate the type of gatherings that you would like to see the group do //////////

(1) Very Beneficial (2) Somewhat Beneficial (3) It's a tossup (4) Not beneficial

| | | | | |
|--------------------------------------|---|---|---|---|
| Parent Panels | 1 | 2 | 3 | 4 |
| Deaf/HOH Adult Panels | 1 | 2 | 3 | 4 |
| Speakers | 1 | 2 | 3 | 4 |
| Play Dates for kids | 1 | 2 | 3 | 4 |
| Social Activities | 1 | 2 | 3 | 4 |
| Parent to Parent(phone or in person) | 1 | 2 | 3 | 4 |
| Other _____ | | | | |

I would love to volunteer to help the group in the following ways:
Feel free to check as many as you are interested in

- Event Committee Publicity Committee
 Social Media Committee Memories Committee
 Photographer Note taking at meetings Grant writing
 Budgeting/Financials Refreshments
 Other _____

Comments/Suggestions: _____



“What Works for your Child is What Makes the Choice Right”