



**Tennessee Hands & Voices**

P.O. Box 122  
Trenton, TN 38382

Email: [membership@tnhandsandvoices.org](mailto:membership@tnhandsandvoices.org)

## Membership Form

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

NAMES and BIRTH YEARS of your CHILDREN

NAME	DOB	D/HOH	Deaf Plus
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Please check all that apply

- I am the parent of a child that is deaf or hard of hearing
- I am a professional who works with the deaf or hard of hearing - Job Title \_\_\_\_\_
- I am an individual that is deaf or hard of hearing
- I am a student
- I am a GBYS family
- I am the grandparent of a child that is deaf or hard of hearing
- I am the adoptive parent of a child that is deaf or hard of hearing

Information on deaf/hh child or adult

Type of HL

- Unilateral     Bilateral     Auditory Neuropathy
- Mondini     Aquiduct     Microatresia
- Connexin 26     Deaf/Blind     Large Vestibular
- Conductive

Degree of HL

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| Right Ear                         | Left Ear                          |
| <input type="checkbox"/> Mild     | <input type="checkbox"/> Mild     |
| <input type="checkbox"/> Moderate | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Severe   | <input type="checkbox"/> Severe   |
| <input type="checkbox"/> Profound | <input type="checkbox"/> Profound |

Child's Primary Communication Mode

- Listening/Spoken Language     ASL
- Signed Exact English     Cued Speech
- Other

Assistive Devices Used

- Hearing Aids     Cochlear Implant
- BAHA     Personal FM System

Other Health Conditions or Diseases \_\_\_\_\_

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     Advocacy
- Newsletter     Media
- Bill of Rights     Membership/fundraising

I have the following talents that I am willing to share: \_\_\_\_\_

**Membership Prices:**  \$25.00 Family (scholarships are available upon request )

- \$40 Professionals     \$45 Small Businesses
- I would like to apply for a scholarship

**For Membership Personnel Only**

- New membership Pkg mailed \_\_\_\_\_  Zoho
- Membership Card     Membership excel
- Email added
- Renewal Date \_\_\_\_\_