Tennessee Hands & Voices
P.O. Box 122
Trenton, TN 38382
Email: membership@tnhandsandvoices.org

Membership Form

NAME:_____

ADDRESS:_____

EMAIL:_____ PHONE NUMBER_____

NAMES and BIRTH YEARS of your CHILDREN

NAME	DOB	D/HOH	Deaf Plus
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

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 the grandparent of a child that is deaf or hard of hearing

☐ I am a Newly identified family

☐ I am the adoptive parent of a child that is deaf or hard of

Information on deaf/hh child or adult

Type of HL

☐Unilateral ☐Bilateral ☐Auditory Neuropathy
☐Mondini ☐Aquiduct ☐Microtial/Atresia
☐Connexin 26 ☐Deaf/Blind ☐Large Vestibular
☐Conductive

Degree of HL

Right Ear	Left Ear
☐Mild	☐Mild
☐Moderate	☐Moderate
☐Severe	☐Severe
☐Profound	☐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 ☐ Membershiphvexcel
☐ Email added
☐ Renewal Date_____