



IDAHO HANDS & VOICES

PO Box 9617
Boise ID 83707
(208) 869-9363

www.idhandsandvoices.org
www.handsandvoices.org

idahohandsandvoices@gmail.com

MEMBERSHIP FORM

If you are already a member, your membership will expire at the end of the year that is listed in the upper right corner of your newsletter mailing label. You can renew your membership online at www.razoo.com (Idaho Hands & Voices). Please email us changes to your contact information when necessary.



Yes, I want to become a member!

New memberships are good through the end of the year following the year in which they begin. For new memberships, print this form, fill out the following information and mail it along with your check or money order to:

Idaho Hand & Voices
PO Box 9617
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Membership benefits include notice of local H&V activities as well as both State (6 times a year) and National (4 times a year) newsletters.

Please check one (or more) of the following that you are interested in:

- Family membership \$15 per year
- Professional Membership \$25 per year
- Scholarship Membership Families Only
- Special!!!** Thanks to the generosity of Idaho Sound Beginnings – EHDI, your first year of membership is FREE if you have a child who is deaf or hard of hearing under the age of 18, and have not previously been a member of Idaho H&V.
- I want to help more – enclosed is an additional donation \$ _____
- I don't want to become a member, but would like to receive the Idaho H&V newsletter by email Free

Parents' Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email : _____

Home Phone: _____ Cell Phone: _____

Child(ren) Name(s): _____ Year of Birth: _____

Type(s) of Hearing Loss: _____

Communication Mode(s): _____ Technology Used: _____

School(s) Currently Enrolled In: _____

Send the State Newsletter to me by (circle): email mail Include me on the email distribution list: Y N

Signature: _____ Date: _____



HANDS & VOICES™

What works for your child is what makes the choice right.