



Communicaid for Hearing-Impaired Persons Communicaide pour adultes avec Problèmes Auditifs

3500 Boulevard Décarie • Montréal (Québec) H4A 3J5
Tél: (514) 482-0500 Ext. 215 • Email: info@hearhear.org
Fax: (514) 482-4536 (attention: CHIP)

CHIP Membership Application Form

Although CHIP continues to offer a \$10 annual membership, we have added a \$25 membership for members who are willing and able to increase their support to our membership revenue.

All members will receive CHIP's program information and The Communicaid, a twice-yearly newsletter.

Please indicate the type of membership you would like:

- An annual membership – \$25 An annual membership – \$10

Family Name:		First Name:	
Street Address:		Apt no.:	
City:		Postal Code:	
Phone (home):	(work):	(cell):	
Email address:			
Fax:		TTY:	

If you would like to give a gift membership, please complete the following:

- An annual membership – \$25 An annual membership – \$10

Family Name:		First Name:	
Street Address:		Apt no.:	
City:		Postal Code:	
Phone (home):	(work):	(cell):	
Email address:			
Fax:		TTY:	

If you would like to make a donation to CHIP, please complete the following:

- \$10 \$20 \$25 Other: _____

(Tax receipts will be issued for all donations.)

Make cheques payable to: Communicaid for Hearing-Impaired Persons

Please mail form and cheque to:

CHIP
3500 Boulevard Decarie
Montreal, Quebec H4A 3J5

Please complete the membership
information on the reverse side



CHIP Membership Information

If you are applying for CHIP membership, or if you are already a CHIP member, please complete this form. It will help CHIP improve its programs and services and plan new ones. CHIP will not share this information with anyone and we do not sell or distribute our membership or mailing lists.

Name:	
Gender/Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> 20-35 <input type="checkbox"/> 35-50 <input type="checkbox"/> 50-65 <input type="checkbox"/> 65+
Hearing:	<input type="checkbox"/> Profound hearing loss <input type="checkbox"/> Moderate-severe hearing loss <input type="checkbox"/> Mild hearing loss <input type="checkbox"/> Normal hearing
Hearing loss:	<input type="checkbox"/> one ear <input type="checkbox"/> both ears <input type="checkbox"/> same loss in both ears <input type="checkbox"/> different loss in each ear
Hearing aids:	<input type="checkbox"/> One hearing aid <input type="checkbox"/> Two hearing aids <input type="checkbox"/> Cochlear implant <input type="checkbox"/> None <input type="checkbox"/> Purchased hearing aids <input type="checkbox"/> Got hearing aids through RAMQ
Assistive listening devices I use:	<input type="checkbox"/> Infra-red for TV <input type="checkbox"/> FM remote receiver <input type="checkbox"/> Amplified telephone <input type="checkbox"/> Other
Other disabilities or challenges I have:	<input type="checkbox"/> Vision loss <input type="checkbox"/> Physical mobility <input type="checkbox"/> Other:
My occupation, background, areas of interest	
My work status:	<input type="checkbox"/> Employed full-time <input type="checkbox"/> Retired <input type="checkbox"/> Semi-retired/work part-time <input type="checkbox"/> Student <input type="checkbox"/> Unemployed
My living situation:	<input type="checkbox"/> I live with a spouse/partner/roommate or family Someone in my home is hearing impaired: <input type="checkbox"/> Adult <input type="checkbox"/> Child
I attend or have attended these CHIP programs and services:	<input type="checkbox"/> speechreading classes <input type="checkbox"/> the HEAR program <input type="checkbox"/> CHIP workshops <input type="checkbox"/> captioned film screenings <input type="checkbox"/> Resource Centre (assistive devices) <input type="checkbox"/> signed English classes I prefer to attend CHIP programs: <input type="checkbox"/> on weekdays <input type="checkbox"/> on weekends <input type="checkbox"/> morning <input type="checkbox"/> mid-day <input type="checkbox"/> afternoon <input type="checkbox"/> evening
I get information on CHIP:	<input type="checkbox"/> on the CHIP website: www.hearhear.org <input type="checkbox"/> in the Communicaider <input type="checkbox"/> word of mouth <input type="checkbox"/> at the CHIP office <input type="checkbox"/> newspaper <input type="checkbox"/> audiologist <input type="checkbox"/> hearing aid dealer <input type="checkbox"/> MAB-Mackay
Volunteering	<input type="checkbox"/> I would like to know more about volunteering at CHIP and discuss areas that would best suit me.
I prefer to communicate by:	<input type="checkbox"/> Telephone <input type="checkbox"/> TTY <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Fax
I use the Internet and email:	<input type="checkbox"/> from my home computer <input type="checkbox"/> from a public location (library, etc) <input type="checkbox"/> I do not use the Internet or email.