

Hear Québec members have the right to vote at our Annual General Meeting, receive our printed bi-annual **HEARHEAR** Magazine, and are eligible to participate in our programs and services. Membership is extended to people affected by hearing loss, hearing health professionals, or anyone who supports our mission.

**Please complete both sides of this form.**

### Contact Information:

Please check  the box that applies  Mrs.  Miss  Ms.  Mr.  Dr.  N/A

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal code: \_\_\_\_\_ Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Email: \_\_\_\_\_

Do you have any medical conditions or allergies? \_\_\_\_\_

Medical Card Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

What is the most accessible communication method for you?  Phone  Text  Email

### Membership Fee:

- Annual Membership Fee April 2021-March 2022  \$15
- Full Time Student (16-18 years old)  FREE
- Veteran, or currently serving (with ID)  FREE

### Donations & Payment:

Your donation enables us to support people with hearing loss across Québec. You may choose to be a monthly donor or make a one-time donation. If you would like to donate online, please visit [tinyurl.com/heardonate](http://tinyurl.com/heardonate). Tax receipts will be issued for donations of \$25 or more.

**Frequency of donation:**  One-time  Monthly

**Amount:**  \$18  \$25  \$54  \$100  Other: \$ \_\_\_\_\_

**I would like my donation to go towards:**  Accessibility (Safe & Clear Campaign)

Relocation Fund  Prevention Program  The Bonnycastle Scholarship & Bursary Fund  Greatest Need

Cash  Cheque  Credit Card

Name of Cardholder: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp date: \_\_\_\_/\_\_\_\_ CVC: \_\_\_\_\_

Signature: \_\_\_\_\_  I wish my donation to remain anonymous

Payments can be made by cash, credit card, or cheque, in person,\* by mail, or online at [tinyurl.com/hearregister](http://tinyurl.com/hearregister). **\*For COVID safety purposes, please call & make an appointment before stopping by the office. If there is a concern due to financial hardship, please contact the Executive Director at [heidywager@hearhear.org](mailto:heidywager@hearhear.org) or call (514) 488-5552 ext. 4500.**

**TOTAL:**

\$ \_\_\_\_\_

See other side →

## Statistical Information

Our funders request statistical information which also assists us to make decisions related to programs and services offered to our members. Please help us to gather the information by completing the questions below.

**Your confidentiality is guaranteed.**

**Please answer each question by checking the appropriate box:**

1. **Gender:**  F  M Other: \_\_\_\_\_

2. **Age:**  Young Adults 16 - 30  Adult 31 - 64  Senior 65+

3. **Do you have a hearing loss?**  Yes  No  Suspected  Hidden Hearing Loss

If you answered yes, please answer the following questions:

a. **Do you have a diagnosed hearing loss?**  Yes  No

b. **When was your last audiogram?**  Within the last year  2 - 3 years ago  4+ years

c. **Do you use any of the following technologies to help you hear?**

Hearing Aid(s)  Cochlear Implant(s)  BAHA  CROS  Other: \_\_\_\_\_

d. **Do you use any other technology to help you?**

T-loop/T-coil  Pocketalker  Wireless Microphone (Roger Pen)  Vibrating Alarm Clock  
 Specialized phone  Visual Alerts  Adapted TV  Text 911  Other: \_\_\_\_\_

4. **Are you a client of Lethbridge-Layton-Mackay (formerly MAB Mackay) Rehabilitation Centre?**

Yes  No  My file is closed  I don't know

5. **How would you like to receive our magazine?**  Mail (hard copy)  Email (digital PDF)  Both

6. **How long have you been a Hear Québec member?**

New Member  1 - 3 years  4 - 6 years  7 - 9 years  10+ years

7. **How did you learn about Hear Québec?**

HEARHEAR Magazine  Website  Facebook  Outreach/Workshop  
 Professional Referral  Friend Referral  Pamphlet/Handout  Other: \_\_\_\_\_

8. **Do you wish to be added to our Email List for newsletters, notifications and updates about upcoming events?**

Yes  No

### Photo and Email Permission:

I hereby authorize Hear Québec, to publish photographs taken of me, my name and likeness, for use in Hear Québec's print, online and video-based marketing materials and other organization publications. I hereby release Hear Québec from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the publication of these photographs

**I have read and understand the above; I give Hear Québec permission to use my photos**  Yes  No

I hereby release Hear Québec, its contractors, its employees, and representatives involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_