

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 | <input type="checkbox"/> \$15 | - Full Time Student | <input type="checkbox"/> FREE |
| - Veteran, or currently serving (with ID) | <input type="checkbox"/> FREE | - 16-18 years old | <input type="checkbox"/> 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 <https://hearhear.nationbuilder.com/donate>. 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: Greatest Need Accessibility

Relocation Fund Prevention Program The Bonnycastle Scholarship & Bursary Fund

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. ***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 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. **Is it a diagnosed or suspected hearing loss?** Diagnosed Suspected

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 Social Media Activity/Event
 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: _____