

Hear Québec members have the right to vote at our Annual General Meeting, receive our printed bi-annual publication, and are eligible to participate in our programs and services. Membership is extended to people affected by hearing loss, hearing health professionals, and 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 \$15 - Full Time Student FREE
 - Veteran or currently serving (with ID) FREE - 16-18 years old 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 The Bonnycastle Scholarship & Bursary Fund

I am donating by: 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, diagnosed Yes, Suspected Hidden Hearing Loss No

I identify as: deaf Deaf Hard of Hearing N/A

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

b. **Do you use any of the following technologies?**

Hearing Aid(s) Cochlear Implant(s) BAHA Other: _____

c. **Do you use any other technology to help you hear?**

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 subscribed to our Email List for newsletters, notifications, and updates about upcoming events?**

Yes No

Photo Permission:

I hereby authorize Hear Québec to publish photographs taken of me, my name, and my likeness for use in Hear Québec's print, online, and video-based marketing materials and other organizational 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 hereby release Hear Québec, its contractors, its employees, and its 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.

I give Hear Québec permission to use my photos Yes No

I have read and understand the above:

Signature: _____ Date: _____