



ORGANIZATION/PROFESSIONAL/ MEMBERSHIP INFORMATION

Business/Organization Information:

(Please Print)

Business/Organization Name:

Contact Person Full Name:

Title/Position:

Organization Type:

Street Address:

City:

Province:

Postal Code:

“Independent” Professional Information:

First Name:

Last Name:

Please check the box that applies:

Mrs.

Miss

Ms.

Mr.

Dr.

N/A

Occupation:

Street Address:

City:

Province:

Postal Code:

Work:

Cellphone:

Email/s:

Do you want to subscribe to our email list? Yes No

Which email:

Note: If you subscribe to our email, you will be the first to receive information on our programs and events as well as reliable information related to the hard of hearing community to share with your network.

Are you interested in advertising with us? Yes No

Note: If you are interested in extending your reach to over 1000 members, join our bi-annual publication and advertise with us. You will have access to extra copies for distribution purposes.

Would you like to receive our publication by mail or email? Print Email

Do you have a space to display promotional material or informational flyers? Yes No

If yes, please check what you would like to receive and indicate quantity:

Bilingual Program Poster (8.5" x 11") Qty

Bilingual Information Card (5.5" x 8.5") Qty

Accessibility Card (3.5" x 2") Qty

Bi-annual Publication (8.5" x 11") Qty

Note: If you want to see what it looks like, please see our website, <https://hearhear.org/print-materials/>

See other side →

Organization/Professional/Membership:

Becoming a member with us gives you access to exclusive benefits such as our referral list, bi-annual publication, bilingual promotional marketing material, and advertisement opportunities.

Would you like to become an organization or professional member? Yes No

Please select an options:

\$15 - Business/Organization Membership

\$15 - "Independent" Professional Membership

1. Do you want your logo included under supporters on our website? Yes No
2. Do you want to be added to our referral list? Yes No
3. Do you want to receive the bi-annual publication? Yes No
4. Do you want to receive bilingual promotional marketing material? Yes No

Please sign here:

Signature: _____ Date : _____

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.

If you made a donation, would you like your logo included under funders on our website? Yes No

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. ****Please make cheques payable to Hear Québec.***

TOTAL:

\$

Tags (Internal Use Only):

Hear Entendre Québec

7000 Rue Sherbrooke West/Ouest, Montréal, Québec H4B 1R3

Phone/Tél: 514-488-5552 ext/poste: 4500 | Cell/Text: 514-797-2447 | info@hearhear.org | www.hearhear.org