

# ORGANIZATION/PROFESSIONAL MEMBERSHIP INFORMATION

(Please Print)

If you consider yourself an individual professional, please fill out sections A and C. If you represent a business/organization, please proceed with sections B and C.

## A) For Individual Professional Information:

First Name:  Last Name:

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

Occupation:

## B) For Business/Organization Information:

Organization Type: ☐ Profit ☐ Non Profit/Charity ☐ Governmental ☐ Educational Institution

Business/Organization Name:

Contact Person Full Name:  Title/Position:

## C) Address and Contact Information:

Street Address:  Apt. #:

City:  Province:  Postal Code:

Work:  Cellphone:  e-mail:

## Benefits of Membership:

By becoming a member of Hear Quebec, you'll have access to a range of exclusive benefits. They include: networking opportunities, resources and relevant information, professional development, discounts on services, (such as advertising). Additionally, this membership opens doors to further collaborations that fuels growth and engagement.

Kindly select the benefits you desire to receive from Hear Quebec:

### Networking

Would you like your logo featured on our website hyperlinking it to yours? ☐ Yes ☐ No

Do you want to be added annual to our directory? ☐ Yes ☐ No

Would you like to be a content creator? ☐ Yes ☐ No

If yes, please specify your area of expertise or topics you'd like to cover: \_\_\_\_\_

Would you like to be a guest speaker? ☐ Yes ☐ No

If yes, please specify your area of expertise or topics you'd like to cover: \_\_\_\_\_

### Resources

Would you like to be contacted to learn more about our "Include ME" accessibility consultation services? ☐ Yes ☐ No

Do you want to subscribe to our email list?

☐ Yes ☐ No

e-mail: \_\_\_\_\_

Would you like to receive Hear Quebec's bilingual marketing material?

☐ Yes ☐ No

**Note: To view our marketing material, please visit our website, <https://hearhear.org/print-materials/>**

If yes, please check the materials you'd like to receive and indicate the quantity.

☐ Blue Accessibility Business Card (3.5" x 2") \_\_\_\_\_ Qty ☐ Bilingual Poster (8.5" x 11") \_\_\_\_\_ Qty

☐ Bilingual Information Card (5.5" x 8.5") \_\_\_\_\_ Qty ☐ Extra copies of our Magazine \_\_\_\_\_ Qty

Do you need a stand?

☐ Yes ☐ No

### Advertising Opportunities

Are you interested in advertising in our magazine?

☐ Yes ☐ No

Are you interested in advertising in our website?

☐ Yes ☐ No

Would you like to promote your events to our social media? (Only Non Profits)

☐ Yes ☐ No

### Donations & Payment:

**Payment:** Please choose which membership suits you better:

☐ \$15 -Non Profit Organization Membership ☐ \$25 - Business/"Independent" Professional Membership

**Subtotal:** \_\_\_\_\_

### Donations

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 scan the QR code at the bottom of the page. Tax receipts will be issued for donations of \$25 or more annually in January.

**Frequency of donation:**

☐ One-time

☐ Monthly

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

**Subtotal:** \_\_\_\_\_

**I would like my donation to go towards:**

☐ Greatest Need

☐ Accessibility

☐ Relocation Fund

☐ The Bonnycastle Scholarship & Bursary Fund

**I am donating by:**

☐ Cash

☐ Cheque (Payable to Hear Québec)

☐ Credit Card

*Note: Please be advised that, in the interest of your security, we do not store this information once the transaction payment has been successfully completed.*

### Credit Card Information:

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

Credit Card Number: \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_

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

☐ I wish my donation to remain anonymous

### CRM Tags (Internal Use Only):

**TOTAL:** \$ \_\_\_\_\_



Scan this QR code to  
directly donate on line