

ORGANIZATION/PROFESSIONAL MEMBERSHIP INFORMATION

If you want an Individual/Independent Professionalm Membership, kindly complete Sections A and C. If you want a Business or Organization Membership, please proceed with Sections B and C.

A) For Individual/Independent Professional Information: (Please Print)

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 Registered 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. These include: networking opportunities, resources and relevant information, professional development, discounts on services such as advertising. Additionally, membership opens doors to collaborate for growth and engagement.

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

Networking

1. Do you want your logo included on our website? Yes No
2. Do you want to be added to our directory? Yes No
3. Would you like to be a Content Creator/Guest Speaker? Yes No

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

Resources

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

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

e-mail: _____

6. Would you like to receive bilingual promotional marketing material? Yes No

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

- Bilingual Program Poster (8.5" x 11") _____ Qty Bilingual Information Card (5.5" x 8.5") _____ Qty
- Blue Accessibility Business Card (3.5" x 2") _____ Qty Extra copies of our Magazine _____ Qty

Note: If you want to see what it looks like, please visit our website, <https://hearhear.org/print-materials/>
We offer stands upon request. If you require one, please let us know _____

Advertising Opportunities

7. Are you interested in advertising in our magazine? Yes No

8. Are you interested in advertising in our website? Yes No

9. Would you like to promote your events or specials to our social media community? 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: _____

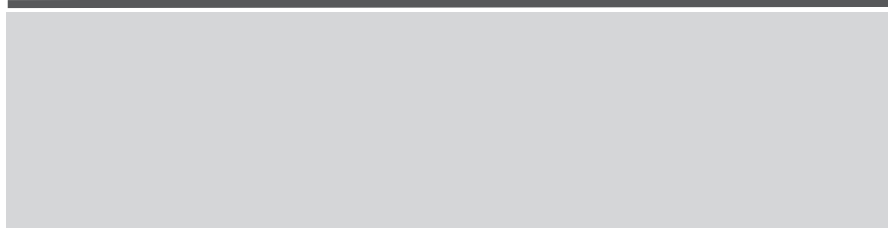
Credit Card Number: _____ Exp Date ____/____

CVC: _____ Signature: _____

I wish my donation to remain anonymous

CRM Tags (Internal Use Only):

TOTAL: \$ _____



Scan this QR code to directly donate on line