

# MEMBERSHIP FORM

## APRIL 2024-MARCH 2025

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: \_\_\_\_\_ Apt# \_\_\_\_\_ 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     \$20                      - Full Time Student     FREE (with student ID)
- Veteran or currently serving     FREE (with ID)    - 16-18 years old     FREE
- Include **ME** Research     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 scan the QR code at the bottom of the page. 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. *If there is a concern due to financial hardship, please contact the Executive Director at [heidywager@hearhear.org](mailto:heidywager@hearhear.org) or call (514) 488-5552 ext. 4500.*



Scan this QR code to directly donate on line

**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  Nonbinary

2. **Age:**  Youth 16-20  Young Adult 21-30  Adult 31 - 64  Senior 65+

3. **Do you have a hearing loss?**  Yes, diagnosed  Yes, Suspected  Hidden Hearing Loss  No

**I identify as:**  deaf (Oral)  Deaf (ASL)  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  Service Aide Technique  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 Quebec, 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 Quebec permission to use my photos**  YES  NO

I have read and understand the above:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_