

# ORGANIZATION/PROFESSIONAL MEMBERSHIP INFORMATION

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 "Consult **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:

\$20 - Charitable Non Profit Organization/Employee Membership  \$25 - Organizational/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