

PROFESSIONAL/ORGANIZATION 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. Please complete both sides of this form.

A) For Individual Professiona	l Information:								
Occupation:									
Please check $$ the box that applies	es: 🔲 Mrs.	☐ Miss	□ Ms.	☐ Mr.	□Dr.	□N/A			
First Name:	Name: Last Name:								
B) For Business/Organization	Information:								
Organization Type: \Box Profit \Box	Non Profit/Charit	ty 🛮 Gov	vernmen	ıtal 🗌 E	Educati	onal Institu	ion		
Business/Organization Name:									
Contact Person Full Name:	Title/Po			osition:					
C) Address and Contact Infor	mation:								
Street Address:				Apt. #:					
City:	Province:			Postal (Code:				
Work:	Cellphone:			E-mail	:				
Benefits of Membership:									
By becoming a member of Hear networking opportunities, resour services, (such as advertising). Add and engagement. Kindly select the be	ces and relevar itionally, this mem	nt inforr bership o	nation, pens do	professions to fur	nal d ther co	evelopment	, disc	cour	nts o
Networking Would you like your logo featur Do you want to be added annual Would you like to be a content of	to our directory?		nking it t	to yours?)	□ Y □ Y □ Y	es [No No No
If yes, please specify your area Would you like to be a guest spe If yes, please specify your area	eaker?					Y] 1	
Resources									
Would you like to be contacted accessibility consultation service		out our "C	Consult I	VIE"		□ Y	es [_ I	No
Do you want to subscribe to our						□ Y	es [No
						See	other	r si	$\mathbf{de} \rightarrow$

E-mail:				
Would you like to receive Hear Quebec's <i>Note: To view our marketing material, ple</i> . If yes, please check the materials you'd li ☐ Blue Accessibility Business Card (3.5" ☐ Bilingual Information Card (5.5" x 8.5" Do you need a stand? Advertising Opportunities Are you interested in advertising in our r	ase visit our website, htike to receive and indi x 2") Qty ")Qty	ttps://hearhea cate the quan Bilingual	r.org/print-mater	")Qty ine Qty
Are you interested in advertising in our v	•			☐ Yes ☐ No
Would you like to promote your events to	our social media?(On	ly Non Profits	3)	□Yes □ No
How did you learn about Hear Quél	bec? 🛘 HEAR HEAR	R Magazine	☐ Website	\square Social Media
☐ Professional Referral ☐ Activ	ity/Workshop	☐ Pamp	hlet/Poster	☐ Presentation
Donations & Payment:				
Payment: Please choose which members \$20 - Charitable Non Profit Organization/Employee Membership	• •] \$25 - Organ	izational/Professi	onal Membership
Donations		S	ubtotal:	
Your donation enables us to support peo			=	=
donor or make a one-time donation. If yo		_		de at the bottom
of the page. Tax receipts will be issued for		more annually	y in January.	
Frequency of donation: One-time	-	c	ubtotal:	
Amount: \$\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{		a	ubiolai:	
•	☐ Emergency Fund	□ The Bonn	vcastle Scholarsh	in & Bursary Fund
-	heque (Payable to Hea		=	
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Credit Card Information: Note: Please be advised that, in the interest	ost of nour socurity. wo	do not store th	is information on	go the transportion
payment has been successfully complete		do not store ti	iis imormation on	ce me transaction
Name of Cardholder:				
Credit Card Number:	Exp da	te:/	CVC:	
Signature:		Total:		
lacksquare I wish my donation to remain an	onymous			
CRM Tags (Internal Use Only):			ck this QR code to donate online	