



MEMBERSHIP FORM

APRIL 2025-MARCH 2026

As an exclusive Hear Québec member, enjoy amazing perks—vote at our AGM, access programs at no or reduced cost, and unlock special savings!

Contact Information:

☐ Mrs. ☐ Miss ☐ Ms. ☐ Mr. ☐ Dr. ☐ N/A

Please check ☒ the box that applies:

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:	
Contact Person (if applicable):			

What is the most accessible communication method for you?

☐ Phone ☐ Text ☐ Email

Membership Fee:

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 or call (514) 488-5552 ext. 54500.

- | | | | |
|--------------------------------|---|-------------------------|---|
| - Annual Membership Fee | <input type="checkbox"/> \$ 20 | - Full Time Student | <input type="checkbox"/> FREE (with student ID) |
| - Veteran or currently serving | <input type="checkbox"/> FREE (with ID) | - Youth (16-18 yrs old) | <input type="checkbox"/> FREE |
| - Include ME Research | <input type="checkbox"/> FREE | | |

Donations & Payment:

Your donation enables us to support people with hearing loss across Québec. 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 | <input type="checkbox"/> One-time | <input type="checkbox"/> Monthly | | | |
| Amount: | <input type="checkbox"/> \$18 | <input type="checkbox"/> \$25 | <input type="checkbox"/> \$54 | <input type="checkbox"/> \$100 | <input type="checkbox"/> Other: \$_____ |
| I would like my donation to go towards: | | | | | |
| <input type="checkbox"/> Greatest Need | <input type="checkbox"/> Accessibility | <input type="checkbox"/> Emergency Fund | <input type="checkbox"/> The Bonnycastle Scholarship & Bursary Fund | | |
| I am donating by: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card | | | | | |

Name of Cardholder: _____

Credit Card Number: _____

Exp date: ____/____

CVC: _____

Signature: _____

☐ I wish my donation to remain anonymous

Total: _____

If you would like
to donate online,
please scan
the QR code



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 ans ☐ Adult 31 - 64 ☐ Senior 65+

3. **Do you have 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 Center?**

☐ 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/Workshop
☐ Professional Referral ☐ Friend Referral ☐ Pamphlet/Poster ☐ Presentation: _____

8. **Do you wish to be subscribed to our Email List for newsletter, 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: _____