



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 Professional Information:

Occupation:

Please check the box that applies: Mrs. Miss Ms. Mr. Dr. N/A

First Name: _____ Last Name: _____

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 want 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 to our annual directory? (Distributed in April) Yes No

Are you interested in authoring articles? 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

See other side →

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

How did you learn about Hear Québec?

- Professional Referral
- Activity/Workshop
- Pamphlet/Poster
- Presentation
- HEARHEAR Magazine
- Website
- Social Media

Donations & Payment:

Payment: Please choose which membership suits you better:

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

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
- Emergency Fund
- The Bonnycastle Scholarship & Bursary Fund

I am donating by: Cash Credit Card Cheque (Payable to Hear Québec)

Credit Card Information :

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.

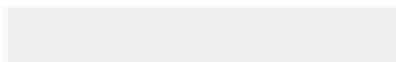
Name of Cardholder: _____

Credit Card Number: _____ Exp date: ____/____ CVC: _____

Signature: _____

Total:

I wish my donation to remain anonymous



Scan or click this QR code to donate online



CRM Tags (Internal Use Only):

Hear Entendre Québec