



2017 MEMBERSHIP APPLICATION
 Virginia Hands & Voices
 P.O. Box 29552
 Henrico, VA 23242
 Email: vahandsandvoices@gmail.com
 Phone (804) 404-3352

MEMBER INFORMATION			
Full Name:		Phone:	
Current Address:		Email:	
City:	State:	ZIP Code:	County:
I am a (circle one or more): Parent of D/HH child Professional D/HH Adult			
PARENTS SECTION			
If you are a parent of a deaf or hard-of-hearing child, please complete this section.			
What age is your D/HH child?			
Is your child (select one) in: Public School Private School Homeschool N/A			
Please list siblings / ages:			
PROFESSIONALS SECTION			
If you are a professional in the field treating and/or supporting children who are deaf and hard-of-hearing, please complete this section.			
What is your profession?			
If you are currently employed, who is your employer?			
If you are retired, please check here: <input type="checkbox"/>			
DEAF AND HARD-OF-HEARING ADULTS			
We encourage deaf and hard-of-hearing adults to join Hands & Voices and to serve in leadership positions in our organization. If you are a deaf or hard-of-hearing adult, with or without children of your own, please tell us a little bit about yourself (use back of sheet for more space if needed).			
MEMBERSHIP DUES			
Please mail your membership application and your check to: Virginia Hands & Voices, P.O. Box 29552, Henrico, VA 23242. *Scholarships are available for qualifying parents. Contact us at vahandsandvoices@gmail.com for details.			
<input type="checkbox"/> Parent of D/HH child*	\$25.00	<input type="checkbox"/> Student	\$25.00
<input type="checkbox"/> Deaf/HH adult	\$25.00	<input type="checkbox"/> Professional	\$40.00
		<input type="checkbox"/> Organization/Agency	\$50.00
SIGNATURE			
Hands & Voices is dedicated to supporting families with children who are D/HH without a bias around communication modes or methodology. We're a parent-driven, non-profit organization providing families with the resources, networks, and information they need to improve communication access and educational outcomes for their children. Our outreach activities, parent/professional collaboration, and advocacy efforts are focused on enabling D/HH children to reach their highest potential. I agree to support the mission of Hands & Voices.			
Signature of applicant:		Date:	