



**HANDS &  
VOICES™**  
VIRGINIA

**2022 MEMBERSHIP APPLICATION**  
Virginia Hands & Voices  
P.O. Box 29552  
Henrico, VA 23242  
Email: [vahandsandvoices@gmail.com](mailto: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 |        |           |         |
| I would like to (circle one):    Join as a New Member            Renew My Membership               |        |           |         |

### PARENTS SECTION

If you are a parent of a deaf or hard-of-hearing child, please complete this section.

|                                 |               |                   |                   |
|---------------------------------|---------------|-------------------|-------------------|
| What is your D/HH child's name? |               | D/HH Child's Age? |                   |
| 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:               |

### 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](mailto:vahandsandvoices@gmail.com) for details.

- |                         |         |                       |         |
|-------------------------|---------|-----------------------|---------|
| • Parent of D/HH child* | \$25.00 | • Student             | \$25.00 |
| • Deaf/HH adult         | \$25.00 | • Professional        | \$40.00 |
|                         |         | • 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 are 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: