



**2023 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.

<ul style="list-style-type: none"> <li>• Parent of D/HH child*            \$25.00</li> <li>• Deaf/HH adult                        \$25.00</li> </ul>	<ul style="list-style-type: none"> <li>• Student                                \$25.00</li> <li>• Professional                         \$40.00</li> <li>• Organization/Agency            \$50.00</li> </ul>
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**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:
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