



2025 MEMBERSHIP APPLICATION

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

MEMBER INFORMATION

Name:		Email 1:	
Name (for a 2 nd parent/caregiver):		Email 2:	
Current Address:		Phone:	
City:	State:	ZIP Code:	County:
I am a (circle one or more): Parent(s) 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 for details.

• Parent(s) of D/HH child*	\$25.00	• Student	\$25.00
• Deaf/HH adult	\$25.00	• Professional	\$50.00
		• Organization/Agency	\$100.00

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: