

# Join us!

Date \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-mail

**Membership** includes national, state and local Diablo Valley Chapter memberships, *Hearing Loss Magazine*; *The Hearing Loss Californian* and *Diablo Valley Chapter* newsletters. Fifteen dollars of your fees goes to the HLAA-DV chapter.

\$35 Student

\$50 Individual

\$60 Couple

\$75 Professional

Please send the Diablo Valley Chapter newsletter by:

E-mail

US mail

None

**Chapter Donations:** Please donate! We need your help. Your donation can help us better serve our community.

\$100

\$75

\$50

\$25

\$10

Other \_\_\_\_\_ no amount too small

Total enclosed \$ \_\_\_\_\_

Make checks payable to  
**HLAA-DV**  
**P.O. Box 5495**  
**Walnut Creek, CA 94596-9998**

**[www.hearinglossdv.org](http://www.hearinglossdv.org)**

We are a 501(c)(3) exempt organization.  
Your dues and donations may be tax deductible.