



**CANADIAN HARD OF HEARING ASSOCIATION**  
**EDMONTON BRANCH**  
*"Let Your Voice Be Heard"*

#52, 9912 - 106 STREET  
 Edmonton, Alberta T5K 1C5  
 PHONE (Voice or TTY): (780) 428-6622  
 FAX: (780) 420-6661  
 EMAIL: [chha-ed@shaw.ca](mailto:chha-ed@shaw.ca)  
 WEB: [chha-ed.com](http://chha-ed.com)

### Time to renew your Membership

Personal membership fee is \$45 (\$15 for CHHA-Ed and \$30 for CHHA National) or \$80 for a family membership (\$30 for CHHA-Ed and \$50 to CHHA National). CHHA-Ed membership is \$15.00

Please make cheque payable to **Canadian Hard of Hearing Association - Edmonton Branch.**

Bring or Mail Membership form & fees to:  
**Canadian Hard of Hearing Association - Edmonton Branch**  
**#52, 9912 - 106 Street Edmonton, AB T5K 1C5**

To better serve you and comply with provisions of various legislation including, the *Personal Information Protection Act*, we ask that you provide the following information.

**PLEASE PRINT**

[ ] Dr. [ ] Mr. [ ] Miss . [ ] Ms. [ ] Mrs.

First & Last Name: \_\_\_\_\_

Street, Box Number: \_\_\_\_\_

City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone #: Voice/ TTY: \_\_\_\_\_ Cell#: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cheque/Money Order  Cash (**do not mail**)  Online

Amount: \$\_\_\_\_\_

**I hereby consent to:**

- CHHA-ED using my name and/or image on the CHHA-ED website, newsletters, and brochures for promotional and information purposes.
- CHHA-ED using electronic email as a main means of communicating with me

**Please sign and date if you give consent**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please let us know if you do not wish to RENEW your membership  
 By phone: 780-428-6622 (Voice/TTY) or by email: [chha-ed@shaw.ca](mailto:chha-ed@shaw.ca)

**MEMBERSHIP APPLICATION**