

**HEARING LOSS ASSOCIATION OF AMERICA, ROCHESTER CHAPTER**

Membership Year: July 1, 2024 - June 30, 2025  
585) 266-7890



\_\_\_\_ Yes, I want to be a member of the Rochester Chapter and receive the monthly Newsletter.

Check membership type: \_\_\_\_ Individual (\$10) \_\_\_\_ Family (\$20) \_\_\_\_ Corporate (\$50)

\_\_\_\_ Veteran with hearing loss (Complimentary, thank you for your service) Branch of Service \_\_\_\_\_

*HLAA Rochester is a member run organization and your generous support enables us to not only continue, but expand our efforts to advocate, educate, inform and support those with hearing loss on a local level. As a registered 501(c)(3) both your membership dues and charitable donations are tax deductible. Please consider an additional gift to support our work.*

\_\_\_\_ Friend \$25 \_\_\_\_ Partner \$50 \_\_\_\_ Corporate \$75 \_\_\_\_ Supporting \$100 \_\_\_\_ Other

**Total for Chapter support** \$ \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING**

**Name: Mr./Mrs./Miss/Ms.** \_\_\_\_\_

**Spouses name** \_\_\_\_\_

**Address:** \_\_\_\_\_

Street number and name

**APT:** \_\_\_\_\_ **City State Zip** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Home Telephone:(\_\_\_\_\_)** \_\_\_\_\_

**Mobile Phone:\_(\_\_\_\_\_)** \_\_\_\_\_

\*Please use a separate registration form for each gift membership or include name, address, phone and email on a separate piece of paper.

Please return this card with your check made **payable to HLAA-Rochester**

**Nancy and Doug Meyer, Asst. Treasurers**

**5275 Rosebrugh Road Geneseo NY**