

**Help Us Help You!**

We’re a non-profit organization dedicated to supporting families of children who are deaf or hard of hearing with information and resources so they can make the best choices for their child.

We are non-biased about communication forms or methodologies, and believe that given good information and support, families will make the choice that is right for their child. We also open our organization to professionals and Deaf/Hard of Hearing adults who are interested in a family/child-focused approach to service delivery.

As a non-profit organization, we are dependent upon subscriptions to our newsletter, registration fees at our sponsored events, grants and other donations in order to function. **Therefore, we invite all our membership to donate a nominal, tax-deductible fee of $25.00 a year/ parent, $40.00 a year/professional,** to receive our mailings and newsletters, support the cost of our events, and to ensure that a non-biased voice remains available to families. Anyone who cannot afford the annual membership dues but wishes to receive our mailings may check the box marked “Scholarship” on the registration form below. If you areinterested in donating additional funds, please mark the “Other” and amount you wish to donate. If you would like your extra donation to go towards sponsoring another member, please specify below.

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone # ( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Dist./BOCES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Children (deaf/hh & siblings, ages):**

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**Circle one:  *Parent Professional Other***

**Annual membership donation enclosed (circle one):**

**$25.00/parent $40.00/professional Scholarship Other \_\_\_\_\_\_\_\_\_\_**

**I would like to donate $\_\_\_\_\_\_\_\_\_ to go towards membership scholarship funds**

**Please make checks payable to Alabama Hands & Voices**

**Mail completed form to: Alabama Hands & Voices; P.O. Box 130627; Birmingham, AL 35213**