



Capital District Chapter

**ANNUAL MEMBER REGISTRATION – JOIN/RENEW + SURVEY**

**NAME:** \_\_\_\_\_ **ARE YOU NEW TO HLAA? Y [ ] N [ ]**

**PHONE:** \_\_\_\_\_ **IS THIS A CELLPHONE? Y [ ] N [ ]**

**EMAIL ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS, NUMBER & STREET:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PUT "Y" FOR EACH GOOD WAY TO REACH YOU: Email [ ] Phone [ ] US Mail [ ] Text [ ]**

**PLEASE MARK A DUES CATEGORY, GIFT AMOUNT IF YOU SO CHOOSE (THANK YOU!), & TOTAL.**

_____ SINGLE	_____ \$ 25	
_____ HOUSEHOLD	_____ \$ 30	NAME(S) _____
_____ BENEFACTOR	_____ \$ 50	
_____ PATRON	_____ \$100	
_____ HARDSHIP	_____ \$ 0	
_____ HEARING PROFESSIONAL	_____ \$ _____	

**ADDITIONAL GIFT (IF YOU WISH): \$ \_\_\_\_\_ TOTAL AMOUNT ENCLOSED: \$ \_\_\_\_\_**

**MAKE CHECK PAYABLE TO HLAA ALBANY. MAIL FORM & SURVEY & CHECK TO:**

**HLAA ALBANY, PO BOX 554, GUILDERLAND, NY 12084**

**THANK YOU FOR HELPING OUR AREA'S HEARING LOSS SUPPORT GROUP TO LIVE ON.**

## INTERESTS SURVEY

So that our chapter can survive, we need “worker bees” to pitch in. We can train you.

For which of the areas listed below might you enjoy volunteering?

Please fill in the blank after each area with 1, 2, 3, or 4 for:

- 1 likely to volunteer
- 2 interested in the area; would like to find out more
- 3 not now but hopefully in the future
- 4 unlikely to be interested in this activity

We’re grateful for assistance of all kinds and at all levels, including your dues contribution and any gift.

Attending in-person chapter planning meetings to brainstorm & discuss pros/cons of proposed events \_\_\_\_\_

Attending virtual chapter planning meetings to brainstorm & discuss pros/cons of proposed events \_\_\_\_\_

Helping to organize agreed-upon program meetings/events (e.g., research venues and book one) \_\_\_\_\_

Helping to run in-person events (e.g., set up/break down assistive listening equipment, bring refreshments, greet attendees/make attendance list, take photos for website, serve as master of ceremonies) \_\_\_\_\_

Helping with annual membership drive (e.g., stuff envelopes, send emails, document responses) \_\_\_\_\_

Documenting information from meetings and maintaining email announcements and discussions \_\_\_\_\_

Advocating and promoting actions that benefit individuals in the Capital District with hearing loss (e.g., encouraging local venues to become more accessible) \_\_\_\_\_

Providing occasional tech assistance (e.g., help solve issues with ALDs, video conferencing) \_\_\_\_\_

**PLEASE FEEL FREE TO WRITE ANYTHING ELSE YOU WOULD LIKE US TO KNOW.  
THANK YOU.**