

**Canadian Hard of Hearing Association**

**Membership Application Form**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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***Annual Fees***

Individual: \$30.00 year or \$300.00 lifetime

Family: \$45.00 year

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Please make cheque payable to "***CHHA Manitoba Chapter***" and remit to:

CHHA Manitoba Chapter  
c/o SMD Clearinghouse  
2nd Floor - 825 Sherbrook Street  
Winnipeg, MB.  
R3A 1M5