

Canadian Hard of Hearing Association
Membership Application Form

Date: _____

Name: _____

Address: _____

Postal Code: _____

Phone: _____

Email: _____

Annual Fees

Individual: \$35.00 year or \$350.00 lifetime

Family: \$50.00 year

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

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