



ARIZONA HANDS & VOICES

HANDS & VOICES™

We invite you to become a member of Arizona Hands & Voices. Your membership benefits include The Communicator (the quarterly national newsletter) and reduced fees to attend workshops and events.

Full Name _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ E-Mail _____

School District _____

Children (Deaf/HH & Siblings, ages, communication method)

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Parent Scholarship Requested - Check here

Annual Membership Fee - Circle one

\$25 - Student/Parent/Deaf Adult \$40 - Professional \$50 - Business

Make Checks Payable to: *Arizona Hands & Voices*

Additional Donations

(Tax Deductible to the extent allowed by law)

ACTIVITIES AND INFORMATION

To help us better serve you, please check the following activities/information that you would be interested in:

Educational Seminars

Methodology Choices

Networking with other Parents in Your Area

Advocacy Training

Lobbying/Legislation

Transition

Early intervention to Pre-School

Pre-School to Kindergarten

Elementary School to Middle School/Jr. High

Middle School/Jr. High to High School

High School to Secondary School/Work Force

Deaf Culture

Hard of Hearing

Would you like to be contacted about volunteer opportunities? Yes No

SEND THIS APPLICATION TO:

Arizona Hands & Voices

PO Box 50423

Phoenix, AZ 85076

Phone: 1-866-685-1050

Phone: 1-866-685-1050

Email: info@azhv.org

www.azhv.org (AZ)

www.handsandvoices.org (National)