



TEXAS HANDS & VOICES DATABASE INFO FORM

Remit to:
PO BOX 41887
AUSTIN, TX 78704
directory@txhandsandvoices.org

Tell us about yourself! I am/we are a:	Family with deaf/ hh child(ren)	Professional
Student	D/HH adult	Organization / agency

Please complete the form and check any information you would like included in the directory:

Adults' Names: _____ M/F _____ D/deaf, HH or hearing _____ Birthday _____

Children's Names _____ M/F _____ D/deaf, HH or hearing _____ Birthday _____

Company/Organization: _____

Address City State: _____

Zip Code: _____ School District: _____

Phone (H): _____ (W): _____ (C): _____

E-mail Address: _____

Yes No I want to be a member of TX Hands & Voices, (see dues below)

Yes No I am renewing/updating a membership with Texas Hands & Voices

Yes No I want to be listed in a directory.

Yes No [I want to receive information from ERCOD \(Educational Resource Center On Deafness\) on upcoming events & resource sharing](#)

I want information from Texas Hands & Voices but **do not** want to be a member **or** listed in a directory.

Annual Membership Dues * SCHOLARSHIPS AVAILABLE FOR PARENTS UPON REQUEST

- | | |
|--|--|
| <input type="checkbox"/> Individual/Family \$25.00 | <input type="checkbox"/> Lifetime Membership – Individual/Family \$250.00 |
| <input type="checkbox"/> Organization / agency \$50.00 | <input type="checkbox"/> Additional Donation \$ _____ <input type="checkbox"/> Scholarship |

PLEASE MAKE CHECKS PAYABLE TO: TEXAS HANDS & VOICES

To be filled out by the Membership Committee: Date received ____/____/____

Membership fee \$ _____ paid by Check # _____ Cash _____ Other _____

*Parent Scholarship requested _____ Electronic directory sent ____/____/____

Dear friends of TX Hands & Voices,

You are receiving this because you expressed interest in receiving updates about TX Hands & Voices activities in our great state. We value your privacy and your personal information will be protected to the best of our abilities. None of your information will be shared outside of TX Hands & Voices without your permission. To ensure we have your correct information in our database, please fill out the attached form and return it to us via email directory@txhandsandvoices.org or mail it to us at ***TX Hands & Voices attn: Directory PO Box 41887 Austin, TX 78704***
There are a few things to note on this form:

We work closely with the Educational Resource Center on Deafness (ERCOD) on several projects. Information/referral, resources, parent and professional workshops, summer programs, distance learning, and interpreter training are some of the services ERCOD provides for deaf and hard of hearing children, their families, and professional service providers. With your permission, we would like to share your information with them so you can receive their updates about upcoming events and resource sharing. Please review the attached form and check the appropriate box if you would like us to share your information with ERCOD.

Also, from time to time, we get requests from families to connect with others in their local areas. TX Hands & Voices is hoping to have a directory available for members in the fall of 2010! Please let us know if we may include any of your information to share with other TX Hands & Voices families by checking the appropriate boxes on the form.
Thank you for your support!

TEXAS HANDS & VOICES™

www.txhandsandvoices.org

What Works for your Child is What Makes the Choice Right™

Non-biased support for families of children who are deaf and hard of hearing

ERCOD is the Educational Resource Center on Deafness

1102 S. Congress Ave. Austin, TX 78704-1728

Call: 1-800-DEAFTSD (v/tty) or (512) 462-5329 (v/tty)

email: ercod@tsd.state.tx.us

www.tsd.state.tx.us/outreach