



**TEXAS  
HANDS & VOICES  
2010/2011 MEMBERSHIP &  
DIRECTORY INFORMATION**

Remit to:  
PO BOX 41887  
AUSTIN, TX 78704

directory@txhandsandvoices.org

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

Parents' Names: Mother \_\_\_\_\_ Father \_\_\_\_\_

Children's Names (oldest to youngest)       Deaf, HH or hearing       Age


Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_  School District: \_\_\_\_\_

Phone (H): \_\_\_\_\_  (W): \_\_\_\_\_  (C): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\_\_\_\_\_ I want to be a member of TX Hands & Voices, (dues) \_\_\_\_ I am a current member  
I DO want to be included in a directory.

\_\_\_\_\_ I want to be a member of TX Hands & Voices, (dues) \_\_\_\_ I am a current member  
I DO NOT want to be listed in a directory.

\_\_\_\_\_ I do not want to be a member of TX Hands & Voices, (no dues) I DO want to be listed in a directory.

\_\_\_\_\_ I want information from TX Hands & Voices but do not want to be a member or listed in a directory.

\_\_\_\_\_ [YES](#) I want to receive information from ERCOD on upcoming events & resource sharing

**Annual Membership Dues \*** SCHOLARSHIPS AVAILABLE FOR PARENTS UPON REQUEST

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Parent of deaf/ hh child \$25.00 | <input type="checkbox"/> Student \$25.00      | <input type="checkbox"/> D/HH adult \$25.00           |
| <input type="checkbox"/> Organization / agency \$50.00    | <input type="checkbox"/> Professional \$25.00 | <input type="checkbox"/> Additional Donation \$ _____ |

**PLEASE MAKE CHECKS PAYABLE TO: TX HANDS & VOICES**

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

membership fee \$ \_\_\_\_\_ paid by Check # \_\_\_\_\_ Cash \_\_\_\_\_ Other \_\_\_\_\_

\*Parent Scholarship requested \_\_\_\_\_ Electronic directory sent \_\_\_\_/\_\_\_\_/\_\_\_\_