



The Canadian Hard of Hearing - North Shore Branch
serving North and West Vancouver

MEMBERSHIP APPLICATION
Mail-In Form

Membership Fee: \$30.00

Please make your cheque or money order payable to “CHHA-North Shore Branch”

Mail your application form and payment to:

CHHA-North Shore Branch

Attn: Treasurer

600 West Queens Rd,

North Vancouver, BC

V7N 2L3

Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Email: _____

Would you consider volunteering? () Yes () No

1 Year Membership: \$ 30.00
(includes National, Provincial & Branch Membership)

Donation (optional) \$ _____

TOTAL ENCLOSED: \$ _____

Thank you for your support!

Charitable Registration No.: BN 89672 3038 RR0001