



Adult Loss Of Hearing Association (ALOHA) Application Form

| *CATEGORIES | COST | LENGTH OF TIME |
|---------------------------------------|---------|--|
| Individual Member | \$25.00 | 1 Year Membership (See below) |
| Family Membership | \$30.00 | 1 Year Membership (See below) |
| Business / Organization Member | \$50.00 | 1 Year Membership (See below) |
| Bronze Donor (Less than \$250.00) | \$ | 100% Tax Deductible |
| Silver Donor (\$251.00 - \$500.00) | \$ | 100% Tax Deductible |
| Gold Donor (\$501.00 - \$1,000.00) | \$ | 100% Tax Deductible |
| Platinum Donor (More than \$1,000.00) | \$ | 100% Tax Deductible |
| Total Enclosed: | \$ | Make Check Payable to ALOHA (See address below) |

***Members are encouraged to select a Donor Category to help YOUR Association sustain its service and be pro-active in meeting YOUR needs and desires.**

Note: ALOHA is a non-profit organization in accordance with Section 501(c)(3) of the IRS Code. Please consult your tax advisor or the Internal Revenue Service regarding deductibility.

| | |
|--------------------------------|--|
| NAME (First, MI, Last): | |
| Significant Other: | |
| Street Address: | |
| City, State, ZIP Code: | |
| Home Phone: | |
| Work Phone: | |
| FAX Number: | |
| Email Address: | |

| Emergency Contact Information (Optional, But Recommended): | |
|--|--|
| Name: | |
| Phone: | |
| Relationship: | |

(All members receive the "Hear & Now Newsletter", and Discounts on classes.)

How do you want to receive your newsletter? On-line Regular mail

If a new member, how did you hear about ALOHA?:

(Signature)

(Date)