

Membership Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-mail Address: _____

Children (deaf/hh & siblings, ages): _____

Circle one: Parent Professional Other: _____

Membership donation enclosed (circle one):

\$25.00/parent, family member, or student \$40.00/Professional

\$50.00/Organization or Agency Scholarship

Annual membership begins on January 1st of each year, to be pro-rated 1st year. If you are becoming a member in the first quarter it will be the full amount, the 2nd quarter $\frac{3}{4}$ of annual membership due, 3rd quarter $\frac{1}{2}$ of annual membership due, and last quarter $\frac{1}{4}$ of annual membership due.

Wyoming Families for Hands & Voices has been developed through the support and collaboration of Parents, Wyoming Early Hearing Detection and Intervention (EHDI), Wyoming Department of Education Deaf/HH Outreach, and The Parent Information Center (PIC)

-EHDI is a program for identifying children with hearing loss and guiding them to early intervention services.

-Outreach Services assist children and their families regarding intervention and educational support from birth to age 21.

-PIC provides information, support, and referral to families of children with disabilities to help them become active partners in their children's education for greater student success and independent in life.

_____ Check here if you do not want your information made available to PIC, EHDI, or D/HH Outreach Services

Signature: _____