

1. Name \_\_\_\_\_ (Nickname) \_\_\_\_\_
2. Home Address \_\_\_\_\_
3. Mailing Address \_\_\_\_\_
4. E-Mail Address \_\_\_\_\_
5. Phone Number(s) *Please include your preferred Communication Mode: Voice TTY*
6. Home \_\_\_\_\_ Work \_\_\_\_\_  
Cell \_\_\_\_\_ (voice OK Text only Both voice & Text OK)
7. Do you have a hearing loss? (Not a requirement for Board application) Yes No
8. Tell us a little bit about your loss and what you use to help you hear or understand.  
Hearing Aid(s) \_\_\_\_\_ Cochlear Implant(s) \_\_\_\_\_  
Assistive Devices and/or Alerts \_\_\_\_\_  
Other \_\_\_\_\_  
\_\_\_\_\_
9. HLAA National Member? Yes No Membership Number \_\_\_\_\_  
(Found on the label of the HLAA magazine. Required for application to Board)
10. HLAA Chapter Member? Yes No (Not Required for Board Membership)  
Chapter Name and any position(s) that you may have held? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Do you have an active email account that you can use and check daily? Yes  No
12. List any background or life experience such as work, other memberships or activities that you can share that may be of interest and helpful in your Board Membership?  
\_\_\_\_\_  
\_\_\_\_\_
13. I am interested in a HLAA-WA Board Position  Committee membership   
Either as available

**Thank You.** If you need more space to write, please attach additional sheets to this form and return to HLAA-WA.

*Mailing Address:*  
HLAA-WA  
Nominating Committee  
4820 156<sup>th</sup> Place SW  
Edmonds, WA 98026

*E-Mail: For questions or to return this form.*  
Glenda Philio at [philiofam@gmail.com](mailto:philiofam@gmail.com)  
OR [info@hearingloss-wa.org](mailto:info@hearingloss-wa.org)