



Nominations Committee

2019 HLA-WA Information/Interest Application

1. Name _____ (Nickname) _____

2. Home Address _____

3. Mailing Address _____

4. E-Mail Address _____

5. Phone Number(s) *Please include your preferred Communication Mode: Voice Text*

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 hearing 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
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Email:
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or
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