Twenty-four pounds of ears

By Beverly Ziarko, Kent

My hearing loss is around 90 dB. I do okay with my hearing aids, as long as I can lip read. Without them, I’m deaf.

After much deliberation, I decided to apply for a hearing dog from Dogs for the Deaf (DFD). My deliberation was because I work in a high rise in Seattle and take public transportation. My commute is three plus hours, and I work a ten-hour day.

After looking for two years for a dog that could handle my busy, erratic life, a DFD trainer named Carrie rescued a terrier-mix puppy from a shelter in Oregon. She was about nine-months old, very confident, smart, and eager to learn. The shelter staff named her Jude—and it stuck. Carrie worked with her for five months and then notified me that she thought Jude would fit into my life nicely. So after another month of intense training, Carrie and Jude arrived on my doorstep to change my life.

Carrie stayed in town for five days to train me on how to keep up Jude’s sound training, teach her new sounds, and most importantly, how to work with her to be an obedient, mannerly DFD model dog!

(Continued on page 2)
Do you or does someone you know use a cochlear implant to hear?

We are looking for research participants of all ages for communication research. Newly implanted infants, children and all adult cochlear implant users are needed.

Please contact us for more information.
(206) 616-9081
partpool@u.washington.edu
(Note: We cannot guarantee the confidentiality of email.)
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(Continued from page 1 Twenty-four pounds of ears)

On work days, we take the bus to the city and then stroll through Freeway Park before going into the office. She plows right through the crowds on the busy Seattle streets and sits while we wait for the lights to turn. She sleeps under my desk much of the day and lays at my feet during meetings, but we do take a couple of long power walks in Freeway Park every day. My coworkers are helping train Jude to alert me when my name is called, and she just loves their visits!

After work, we head to the bus tunnel to catch the light rail to the train station and take the train back to our car. It’s a long day, but Jude thrives on the activity. On weekends, she gets bored and by Monday morning when we wake up at 4:30, she knows we’re going to work and she gets so excited!

Jude is just over a year old now, still with puppy tendencies, but she loves to work sounds and loves being on the job. At home she noses me when the phone rings, the doorbell rings, or someone knocks—and most importantly, when the timer goes off. I set the timer for the washer, dryer, dishwasher, lawn watering, and even when I put something on the stove to boil so it doesn’t boil over, all in addition to cooking! I can’t hear any of that. I follow her to the sound and praise her with a happy voice and many treats!

My son let himself in late last night, and Jude woke me after he was already in bed! So much for being a watchdog!

(Continued from page 1 Twenty-four pounds of ears)
HLAA is working for you:
Public policy and advocacy

**Senate passes S. 3304 by unanimous consent**

HLAA, alongside COAT (Coalition of Organizations for Accessible Technology) celebrates the passage of the Twenty-first Century Communications and Video Accessibility Act of 2010 (S. 3304) by the U.S. Senate on August 5, 2010, by unanimous consent.

The bill passed by unanimous consent. Like H.R. 3101, which was passed on July 26, 2010, S. 3304 will also:

- Require captioned television programs to be captioned when delivered over the Internet.
- Authorize the FCC to require 7 hours per week of video description on the top 4 network channels and top 5 cable channels nationwide.
- Allocate up to $10 million per year for equipment used by individuals who are deaf-blind. Require televised emergency information to be accessible to individuals who are blind or have low vision.
- Require accessible advanced communications equipment and services, such as text messaging and e-mail.
- Require access to Internet services that are built-in to mobile telephone devices, like smart phones, if achievable.
- Require devices of any size to be capable of displaying closed captioning, delivering available video description, and making emergency information accessible.
- Require accessible user controls for televisions and set-top boxes, and easy access to closed captioning and video description.

See the section-by-section summary of what S. 3304 will do for us at [www.coataccess.org/node/9776](http://www.coataccess.org/node/9776).

*Ed. note: COAT was formed in 2007 to ensure legislative and regulatory safeguards are in place so people with disabilities have access to evolving high-speed broadband, wireless, and other Internet-based technology. HLA-WA is a member of COAT, as well as HLAA.*

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**Protecting your rights in a hearing world.**

**John F. Waldo**  
Attorney at Law

Advocating for people with hearing loss.

John Waldo is an experienced trial attorney who also serves as advocacy director for the non-profit Wash-CAP. The objective of his legal practice is to ensure that people realize in fact the benefits and protections they are entitled to under the law.

John’s practice focuses on anti-discrimination and legal advocacy for those with hearing loss. He represents clients who face issues relating to employment and education discrimination, disability benefits for work-related hearing loss, personal discrimination in public places and problems with health and disability insurance.

**Contact Information:**

- johnfwaldo@hotmail.com
- www.hearinglosslaw.com
- 151 Finch Place, Suite C
- Bainbridge Island, WA 98110
- 206 842-4106 desk
- 206 849-5009 cell/text
Wash-CAP update
By John Waldo, Bainbridge Island

In the aftermath of the two very favorable court decisions this past spring, the federal Department of Justice (DOJ) is now getting into the act in a big way and tentatively thinking about requiring that at least half of all movie theaters be equipped to show movies in captioned form.

As we reported in the summer issue, the Ninth Circuit Court of Appeal ruled on April 30 that theaters may be required by the federal Americans with Disabilities Act (ADA) to show captioned films to the extent that doing so does not create an “undue burden” (an ill-defined term that seems to deal primarily with financial cost). Then on May 4, in a case brought by the Washington State Communication Access Project (Wash-CAP), a Seattle Superior Court judge ruled that our state Law against Discrimination requires theaters to take whatever steps are “reasonably possible in the circumstances” to make movie soundtracks understandable. (Because Washington is part of the Ninth Circuit, and because businesses must adhere to federal disability law, unless state or local law is more stringent, we have two opportunities in Washington for more movie captioning.)

The follow-up to those cases came in July, basically on the 20th anniversary of the ADA. DOJ, which has the statutory authority to implement and interpret the ADA, got into the act. It issued what is called an Advanced Notice of Proposed Rulemaking, in which it put forth the idea of requiring theaters to offer captioned movies. (Read about it at www.ada.gov.)

We were pleased to see DOJ taking what we think is the right legal position, we were somewhat disappointed with the modesty of its proposal. In essence, DOJ is proposing to require that multi-screen movie complexes equip one-half of their screens to show captioned movies, phased in over a five-year period. It is not intending to tell theaters how to display captions. Under its plan, theaters can, if they choose, show closed captioned movies. This means the captions (the written dialogue) are visible only to patrons who request viewing devices. Because closed captions don’t interfere with the experience of other movie-goers, DOJ proposes that theaters employing closed captions should turn on the captions for all showings.

DOJ does not propose to require open captions, in which the captions are visible to all. While many deaf and hard of hearing patrons like that option, the theaters believe that open captions depress attendance by hearing patrons. DOJ is suggesting that if open captions are used as an option, perhaps those captions need not be turned on for every showing.

We like much of the proposal, and specifically like the fact that DOJ is finally becoming an active advocate for movie captioning. What we find disappointing is the suggestion that 50% accessibility is good enough. What the ADA and the Ninth Circuit decision seem to require is full access, up to the point that the cost of providing that access becomes an “undue burden.” Some theater chains are quite profitable, and we believe those chains that can afford to equip all their theaters to show captioned films ought to do so.

Meanwhile, the Massachusetts Attorney General settled a lawsuit against the major movie theater chains. Under that settlement, the theaters are required to equip only 10% of their theaters to show captioned movies. The attorneys involved told us that the

(Continued on page 5)

Learn about hearing loss: new video series

Get accurate information about hearing loss, its causes and what to do about it. The Hearing Loss Association of America has contracted with Knowlera Media to produce a series of seven, four-minute, captioned videos on hearing loss. Information you need to be adequately briefed on the topic is all in one place in an easy-to-access format. If you think you have a hearing loss or know someone who does, please point them to the videos where hearing health care professionals and people with hearing loss talk about what you can do about it. Great information for those friends of yours who are on the fence about getting help! And it’s free!

✓ Hearing Loss Basic Facts
✓ Hearing Loss Symptoms
✓ Hearing Loss Diagnosis
✓ Hearing Loss Treatments
✓ Living with Hearing Loss
✓ Hearing Loss Causes and Prevention
✓ Hearing Aids, Cochlear Implants and Assistive Listening Devices

See www.hearingloss.org/learn/hearingloss_vids.asp
negotiations all took place before the Ninth Circuit decision and before our decision, so they had to acknowledge the possibility that the theaters might once again prevail in court.

Our Washington case is scheduled for trial in February. We hope to engage in some meaningful settlement discussions prior to that. Our position is that those corporate movie theater owners that can afford to equip all of their auditoriums to show captioned movies ought to do so. We believe our state law and the Ninth Circuit decisions put us in a very strong position, and we are being encouraged by people from around the country to seek a landmark outcome here.

Our case specifically involves only theaters in King County, we have suggested to the corporate theater owners that rather than file suits throughout Washington, it is in their best interest, as well as ours, to develop a statewide settlement. Should that happen, we could have as many as 500 theaters in Washington capable of showing captioned movies. It would mean, in practice, that most (if not all of us) could once again catch first-run movies with our friends and families when those movies are released, rather than months later when they are available on DVD.

Meanwhile, and closer to my heart and home, we have made some real progress with Bainbridge Cinemas, a small independent company that owns and operates a five-screen movie complex on Bainbridge Island. They are agreeing to equip one of those auditoriums to show closed-captioned movies. They will then rotate their movies into that theater, so that in any two-week period, those of us who need captioning to enjoy the movies can see four different films. We have devised a method of tracking the attendance attributable to captioning, and have agreed we will not ask them to equip an additional theater until the caption-induced patronage pays for the first installation. We hope this arrangement might become a model for smaller, independent theaters.

Meaningful access to the movies has been a long time coming. But we think it may at last be a reality.

John Waldo is a Bainbridge Island attorney, whose practice focuses on the legal issues confronting people with hearing loss. He is advocacy director and counsel to the Washington State Communication Access Project (Wash-CAP). He has a moderate-profound bilateral hearing loss, and recently received a cochlear implant. For more information or to join Wash-CAP, visit www.wash-cap.com.

(Continued from page 4...) Wash-CAP)
Cochlear implant success
By John Waldo, Bainbridge Island

I never thought of myself as an implant candidate. Sure, my audiogram was a disaster—an 80 dB threshold in my “good” ear and 85 dB in the other. But I always thought my coping strategies and decoding skills would enable me to effectively comprehend speech in most situations, even though I didn’t really understand all that much through my ears alone.

That began to change in March, when a routine hearing test indicated that although my pure-tone thresholds hadn’t changed, single-word recognition scores in my “better” ear had plummeted from 64% to 28%. (I took this as an indication that I wasn’t getting deafer, only stupider—an interpretation that my wife said explained a good deal of data). That was enough to prompt a CI candidacy evaluation.

Based on the recommendation of a number of my colleagues on the HLA-WA Board of Trustees, I went to the University of Washington for an evaluation by Dr. Jay Rubenstein and audiologist Tina Worman. The results were borderline at best. I clearly qualified based on decibel threshold; but the recognition of words in sentences, where you get an abundance of information, was still too “good.”

This was Dr. Rubenstein’s summation of the results: “Your word-recognition scores are too high to meet the formal criteria. But I believe you will hear much better with a CI. So I will write a letter to your insurance company and see if I can persuade them to authorize the surgery.”

Whatever he said did the trick. The insurance company gave the authorization, and on July 12, I was implanted in my “bad” ear with an Advanced Bionics device. The surgery itself was routine, and while there is always a little soreness afterwards—the tight “turban” bandage on my head that squished my ear was the worst part—this was really no big deal.

Activation happened a week later, on July 20. As of this writing, we’ve had two programming tweaks, but no word-recognition retests yet. So with the caveat that these are purely subjective evaluations, here are my thoughts.

I can understand speech pretty well using only the CI. Voices sound oddly hollow. But the speakers sound distinct and more like themselves than not, and the words are understandable. When I listen to books on tape, as part of my aural rehab efforts, I can put the book down and still understand pretty much everything even though this requires a lot of concentration.

I can even understand speech pretty well over the telephone, although I’m not yet ready to trust the CI over my other ear (with the hearing aid) when the conversation is critical. I’m still using the captions on television. I haven’t tried a theatrical movie yet, but I suspect captions are still the answer there.

Music is a mixed bag. With both hearing aid and CI, it sounds about the same as before the implant.

(Continued on page 8)
Happiness is a journey—and so are cochlear implants!
By Melanie Springer, M.A., Bellingham

Positive Psychology states that the secret to happiness is “gratitude for the past, zest for the here-and-now, and hope for the future.” In my work with clients, I often get the response, “Yeah, but what if I can’t hear?!” True, hearing loss can be a roadblock to authentic happiness. Maybe you are upset about your past, aren’t enjoying life much as you could, and don’t really see how things will ever get better. The solution—to increase gratitude, zest, and hope—is achieved by grieving your losses, discovering and engaging in new ways to live, and learning how to be more optimistic about the future. This is not an easy task; but if you take a deep breath and commit to the journey, you can luxuriate in your ability to learn something new and in your ability to change.

How about a journey toward a cochlear implant? Research has shown that hearing loss contributes to unhappiness by way of depression, isolation, loneliness, embarrassment, social anxiety, and stress (just to name a few). Research on cochlear implants has shown that within the first year all of these improve. Long-term studies have found that marital satisfaction and assertiveness improve, as well. Cochlear implants increase gratitude, zest, and hope, helping you to be happier.

The cochlear journey is not an easy one. The American Academy of Otolaryngology states several evaluations are required as you begin the journey:

- **Ear (otologic) evaluation:** The otolaryngologist examines the middle and inner ear to ensure that no active infection or other abnormality precludes the implant surgery.
- **Hearing (audiologic) evaluation:** The audiologist performs an extensive hearing test to find out how much you can hear with and without a hearing aid.
- **X-ray (radiographic) evaluation:** Special X-rays are taken, usually computerized tomography (CT) or magnetic resonance imaging (MRI) scans, to evaluate your inner ear bone.
- **Psychological evaluation:** Some patients may need a psychological evaluation to learn if they can cope with the implant.
- **Physical examination:** Your otolaryngologist also gives a

(Continued on page 9)
although I do get the lyrics a little better. With the CI only, I can sort of “follow along” with songs I knew well from my better-hearing days. But I’m not yet getting much tonal richness, and I have trouble distinguishing the various instruments.

My overall evaluation is extremely positive. I’m hearing things I haven’t heard in years—birds chattering, the garden fountain gurgling, and the little tap-tap of my dog’s paws on the hardwood floor. I’m integrating the two modes of sound (hearing aid in the other ear) without much difficulty. Best of all, I can understand some—not all—of what my three-year-old grandson says. And while I’m frustrated that I still don’t understand everything the first time around, my wife assures me that conversation is much easier.

I’m told that progress continues pretty steadily for six months after the activation. I’m pleased with where we are after less than a month, and really looking forward to what may happen in the months ahead. Ed. note: You can contact John at www.wash-cap.com.

We appreciate your support!
Your donations help us fund projects that benefit people with hearing loss. We are especially grateful for our newsletter advertisers in this issue: Cherri Hoyden, Au.D, CCC-A; Cochlear Americas; John F. Waldo, Attorney at Law; Med-El; UW Department of Speech and Hearing Sciences; and Washington Relay. Paid advertising helps us provide outreach newsletters to clinics, and hospitals, and to be distributed at health fairs.

The following contributions are for June 2010 through August 2010:
• Joe and Erlene Little, Oak Harbor
• Betty Ruble, Auburn

Did you know you can make regular United Way contributions and help hard of hearing people in our state? Because we are a 501(c)(3) organization, this is an easy way to contribute. Double your donation! Check to see if your employer has a matching gifts program.

Moving on? Each newsletter return costs us $1.05. Please help us keep our costs down by letting us know when you move. Send us an e-mail or fill out the form on the back of this newsletter.
(Continued from page 7...Happiness is a journey)

physical examination to identify any potential problems with the general anesthesia needed for the implant procedure.

Some people experience anxiety during the cochlear implant journey. This is normal and to be expected. Much of the anxiety is from fear of failure during the assessment process; e.g., being rejected, natural fear of surgery, and negative anticipation of the level of success.

Are you ready to find out if a cochlear implant is right for you? “Slow down!” you say. Maybe you are afraid of the unknown: That you won’t qualify; or if you do, the surgery will be scary. That what little hearing you have left in the ear scheduled for an implant will be destroyed. That acoustic hearing will be replaced by electronic hearing and won’t sound natural.

That the mapping process—which takes time, patience, and dedication—might not work.

These are all important concerns, worthy of discussion. It takes courage. From limited time with audiologists, the intensity of aural rehabilitation, to motivation, perseverance and tenacity, you can’t do it alone! To make sure you have the right support, enlist the help of family, friends, HLAA, and professionals.

My clients who have cochlear implants are thankful for their return to the hearing world and for the technology, professionals, and support available. They are now free to relate to the world and communicate in new ways. Great joy and satisfaction comes with each discovery. They savor each sensation, as they constantly discover new sounds and look forward to what the future brings. Sounds like happiness to me!

Phone practice

Telephone with Confidence, by Cochlear Americas, can be accessed for free by users of all types of CIs or even hearing aids. Call and listen to pre-recorded word lists and passages. Printouts of the lists are available on the web site, so you can check your comprehension as you listen. Call 1-800-458-4999 and follow the prompts. Web site: www.cochlearcommunity.com/services/TelephoneTraining/index.php Give it a try!

Ed. note: Melanie is a positive psychology counselor practicing in Bellingham. She has particular expertise in working with patients who are hard of hearing and has assisted in aural rehabilitation for cochlear implant recipients.

Need assistance processing phone calls?

The Washington Relay Service can help you make a convenient connection.

Washington Relay is a free service provided by the Washington State Office of the Deaf and Hard of Hearing (ODHH) ensuring equal communication access to the telephone service for people who are deaf, deaf-blind, hard of hearing and speech disabled.

Chapters in Washington
Information, Education, Advocacy, and Support

Meeting times may change, and most chapters take a summer break. Visitors are welcome. If none of these locations are convenient to your home, contact our chapter coordinator about starting a new group. Note: chapters may request contributions to cover local expenses. See www.hearingloss-wa.org for more information.

BELLEVUE—2nd Sat. 1:00 pm; Lake Sammamish Foursquare Church, Chapel, 14434 NE 8th St., Bellevue. Hearing assistance: amplification, FM, Induction Loop, real-time captioning. Bev: zbev@msn.com or 253-631-3141

BOTHELL—4th Mon. 1:30 pm; Northshore Senior Center, 2nd floor conference room 202, 10201 E. Riverside Dr., Bothell. Hearing assistance: amplification. Karen: 206-817-3213 or utterkl@gmail.com

EAST JEFFERSON CO.—4th Mon. 1:00 pm; Port Townsend Community Center 620 Tyler Street, Port Townsend. Hearing assistance: amplification, FM. Emily Mandelbaum: 360-531-2247, mandelbaum@olympus.net or Sandy MacNair: 360-385-1347 or smacnair@cablespeed.com

KITSAP CO.—3rd Sat. 1:00 pm; Iris Room (lower level) at Silverdale Harrison Medical Ctr., 1800 N.W. Myhre Rd., Silverdale. Hearing assistance: amplification, FM. John Allen: 360-871-0997; jcallen@q.com

RENTON—2nd Fri. 12:30 pm; Renton Senior Ctr., 211 Burnett Ave. N., Renton. Hearing assistance: amplification. Glenda Philio: philiofam@juno.com or 253-631-2345 (evenings)

SKAGIT CO.—2nd Tues. 1:00 pm; Fidalgo Center, 1701-22nd St., Anacortes. Hearing assistance: amplification, FM. Jerry Olmstead: 360-299-3848 JOlms623@aol.com or Donna Sherman 360-299-2035 2oldies@verizon.net

SNOHOMISH CO.—3rd Sat. 11:00 am; Providence Regional Medical Center, Pacific Campus, 916 Pacific Ave., Everett (Main Level meeting room); Hearing assistance: amplification, FM, real-time captioning. Judi Carr: judicarr@comcast.net or 206) 817-7212 or Cibyl Kumagai: cibylk@msn.com

SPOKANE—Note: new location/time change—2nd Sat. 9:30 am; St. Luke’s Rehab, 711 S. Cowley St. Hearing assistance: amplification. Margaret Mortz: Margaret Mortz: mortz@gmail.com or 509-893-1472 or hlaspokane@gmail.com.

TACOMA—2nd Sat.10:00 am, TACID, 6315 S. 19th St., Tacoma. Hearing assistance: amplification, FM, real-time captioning. Melinda Wagner 253-851-6183 or gracelavendar@comcast.net

WEST SEATTLE—3rd Wed.1:30 pm; West Seattle Christian Church Library Room, 4400 42nd Ave. SW, Seattle. Hearing assistance: amplification. Jack Eldridge: 206-937-5996; or David Kitzke:206-932-7538 or krddrk@yahoo.com

WHATCOM CO.—3rd Sat. 9:30 am; Christ The Servant Lutheran Church, 2600 Lakeway Dr., Bellingham. Hearing assistance: amplification, FM, and captioning at selected meetings. Joyce Sweeney: 360-734-0469 or jampls@comcast.net

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Dear Hearing Loss Association of America member:

It’s time to elect your HLA-WA Board of Trustees who represent you. There are eleven open elected three-year positions. Vote for any or all nominees. Please take a few minutes to read the information on the candidates and then fill out, clip, and return this top portion. It should be postmarked by October 22.

- Michael Bower
- David Pearson
- Glenda Philio

- Daniel Smerken
- Diana Thompson

Please mail this portion in a stamped addressed envelope to Rick Faunt, Nominations Chair, 1134 57th Pl SE Auburn, WA 98092. Your name and membership number will be on the backside of this coupon, and we need that number to verify you are a member of HYLAA. If it is not visible, please include your name and membership number. (Note: your membership number can be found on the cover of the Hearing Loss magazine.) If you are not a HLAA member, please do not vote.

### Michael Bower, incumbent (Auburn)

Michael has been on the Board since its inception and has served several terms as secretary. She has a BA in Recreation Administration and Therapy and has worked in care facilities or been a consultant for over 23 years. She is currently Lead Trainer for Alzheimer’s Assoc. of Western/Central WA. She received the HLAA Family Involvement Award in 2000.

### David Pearson, Marysville

David is a former board member who has held various officer positions. He was also active in the Snohomish County Chapter and received Honorable Mention from the national office for the chapter newsletter, which he edited. He has worked in the Information Technology field and most recently was employed at AT&T Inc. as a Data Center Manager. In 2005, he completed training certification in Citizen Corps Community Emergency Response Team (CERT) from FEMA.

### Glenda Philio, Renton

Glenda discovered HLAA several years ago and has been active as the facilitator of the Renton Chapter. She has also volunteered for more than ten years in the Cascade Vista Free Methodist Church as the Children’s Ministries Director, as well as being a Board member there. She has been a Dental Hygienist for over 30 years.

### Daniel Smerken, Olympia

Dan is new to our organization. His interest in hearing loss stems from a long-ago camp counselor job he held at a summer camp for deaf and hearing impaired children and young adults. Through this experience, he developed an understanding and appreciation of Deaf Culture, as well as challenges faced by others with hearing loss. Today he works with older adults with lifelong or acquired hearing loss and deafness. He is a case manager, nurse, social worker, and aging consultant specializing in geriatrics. Read his healthcare blog: [www.smerken.com](http://www.smerken.com).

### Diana Thompson, Bellevue

Diana is a retired attorney who also has an MA in Social Work. She is a tournament bridge player and in the past has taught bridge on cruises. She has volunteered in various areas, including Volunteer Probation Officer for the City of Bellevue, Member of the King Co. Municipal League Candidate Evaluation Committees, Board member of Hopelink, and member of the Board of Hearing and Speech. She has been an active member of the Bellevue Network on Aging and is active in AARP, as well. She is also active in the HLA Bellevue Chapter and wants to focus on publicity for HLA-WA.
Sound Waves ~
Fall 2010
A quarterly publication of the Hearing Loss Association of Washington
www.hearingloss-wa.org

Important ballot information inside

Mission Statement:
To open the world of communication to people with hearing loss by providing information, education, support and advocacy.

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