



Hearing Loss Association of Michigan

Board of Trustees Application

Please Complete the application, save the file on your hard-drive and email as an attachment to:

2010 Nominations Committee

nominations@hearingloss-mi.org

Name:

Address:

City:

Zip:

Day time phone:

Evening:

Indicate V, TTY, VCO or relay numbers

Fax:

Email(s):

HLA-MI Affiliation:

Number of years as a HLAA national member (must have current membership)

Number of years HLAA Chapter or group membership

Office(s) held:

Check all the following that applies to you

Hard of Hearing

Parent of Hard of Hearing Child

Family member with Hard of Hearing relative

Hearing Health Care or other Professional

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Name:

Please provide a short biography:

Signature

Date:

Note: electronic signature is acceptable

**If you prefer, you may print this form, complete it by hand and mail to:
Nominations Committee
Hearing Loss Association of Michigan
PO Box 4808 Troy, MI 48099-4808**

