



## Board of Trustee Application Form

Name

Email Address

Street Address

City

Zip code

Daytime Phone

Evening Phone

Indicate V, TTY, VCO or relay numbers

HLAA Affiliation: Number of Years HLAA National member - Must be current

HLAA Chapter Affiliation: Number of Years HLAA chapter member

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Name:

Office(s) held:

- Person with Hearing Loss                       Parent of Child with Hearing Loss  
 Family member of Person with Hearing Loss       Hearing Health Care Professional

Please provide a short biography:

If you are elected to the HLAA-MI Board of Trustees, what talents do you bring with you. Examples might be; proficiency with Microsoft Office products, graphics design, grant writing, marketing, advertising, teaching, Hearing Assistive Technology(HAT), prior board of director experience at a non-profit, etc. Please list all.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print this form and mail to:  
Nominations Committee  
c/o Tony Ferack  
1226 Denice Street  
Westland, MI 48186