



Communicaid for Hearing-Impaired Persons Communicaide pour adultes avec Problèmes Auditifs

3500 Boulevard Décarie • Montréal (Québec) H4A 3J5

Tél: (514) 482-0500 Ext. 215 • Fax: (514) 482-4536 • Email: info@hearhear.org

Program Registration Form

Our spring programs begin April 7, 2010. You can help us plan effectively by indicating your intentions and returning the bottom portion of this form by March 30, 2010.

Even if your hearing is profoundly impaired, you will be able to understand the speakers because of CHIP's special sound system. Family and friends of CHIP members are welcome at all of our programs.

Please mail registration form to:

CHIP
3500 Boulevard Decarie
Montreal, Quebec H4A 3J5

I would like to attend the following programs:

- "Hypnosis for Health and Wellbeing" – Tuesday, April 13 at 1:15 pm
- "Health and Social Services: Know Your Rights" – Tuesday, May 11 at 1:15 pm
- HEAR program – Mondays, 10:15 am – 12:15 pm. Dates: April 12, 19, 26; May 3, 10, 17 [FREE]
- Speechreading - free for CHIP members, \$5 per session for non-members

Beginners Speechreading Thursdays, 1:15 to 3:15	Intermediate Speechreading Thursdays, 1:15 to 3:15	Advanced Speechreading Thursdays, 10:15 to 12:15
<input type="checkbox"/> April 8 <input type="checkbox"/> April 15	<input type="checkbox"/> May 13 <input type="checkbox"/> May 20	<input type="checkbox"/> April 8 <input type="checkbox"/> April 15 <input type="checkbox"/> April 22
<input type="checkbox"/> April 22 <input type="checkbox"/> April 29	<input type="checkbox"/> May 27 <input type="checkbox"/> June 3	<input type="checkbox"/> April 29 <input type="checkbox"/> May 6 <input type="checkbox"/> May 13
<input type="checkbox"/> May 6	<input type="checkbox"/> June 10	<input type="checkbox"/> May 20 <input type="checkbox"/> May 27 <input type="checkbox"/> June 3
		<input type="checkbox"/> June 10

Name: _____

Street Address: _____

City / Postal Code: _____

Phone (home): _____ Phone (work or cell): _____

Please see the reverse
side for Membership
Application form





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CHIP Membership Application/Renewal Form

Although CHIP continues to offer a \$10 annual membership, we have added a \$25 membership for members who are willing and able to increase their support to our membership revenue.

All members will receive CHIP's program information and The Communicaider, a twice-yearly newsletter.

Please indicate the type of membership you would like:

- An annual membership – \$25 An annual membership – \$10

Family Name:	First Name:
Street Address:	
City:	Postal Code:
Phone (home):	Phone (work or cell):
Email:	Fax:
Occupation:	

If you would like to give a gift membership, please complete the following:

- An annual membership – \$25 An annual membership – \$10

Family Name:	First Name:
Street Address:	
City:	Postal Code:
Phone (home):	Phone (work or cell):
Email:	Fax:
Occupation:	

If you would like to make a donation, please complete the following:

- \$10 \$20 \$25 Other: _____

(Tax receipts will be issued for all donations.)

Make cheques payable to: Communicaid for Hearing-Impaired Persons

Please mail form and cheque to:

CHIP
3500 Boulevard Decarie
Montreal, Quebec H4A 3J5

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