

**HLA-WA 2011
Nominations Committee
Information/Interest**

1. Name _____ (Nickname) _____
2. Home Address _____
3. Mailing Address _____
4. E-Mail Address _____
5. Phone Number(s) *Please include your preferred Communication Mode: Voice VCO TTY*
6. Home _____ Work _____
Fax _____ Cell _____
7. Do you have a hearing loss? (Not a requirement for Board application) Yes No Maybe ?
8. Tell us a little bit about your loss 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. 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?

12. I am interested in a HLA-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 HLA-WA either by mail, email or fax as soon as possible.

Mailing Address:

E-Mail:

Fax:

**HLA-WA
Nominating Committee
4820 156th Place SW
Edmonds, WA 98026**

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utterkl@gmail.com