



Membership Application

Support TSHA now through your annual membership!

Mail completed application to:
TSHA, Inc., 8740 E 11th St, Ste A, Tulsa, OK 74112-7957
918-832-8742 v/tty * 918-834-4329 fax * www.tsha.cc

Title: _____ First Name: _____ Last Name: _____

Company _____

Address _____ Apt/Suite/Building _____

City _____ State _____ Zip _____

Home Phone: _____ TTY V Work Phone: _____ TTY V

Cell: _____ Video Phone: _____

Email address (for newsletters): _____

Yes! I want to join TSHA in making communication accessible for everyone.

Count on me as a:

- | | |
|---|---|
| <input type="checkbox"/> Friend (\$25 +) | <input type="checkbox"/> Benefactor (\$500 +) |
| <input type="checkbox"/> Supporter (\$50 +) | <input type="checkbox"/> Champion (\$1,000 +) |
| <input type="checkbox"/> Advocate (\$100 +) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sponsor (\$250 +) | |

Payment is enclosed:

- My check for \$_____ is enclosed, made payable to TSHA.
- Please charge my (*circle one*) Visa/MasterCard/Discover for \$_____.

Credit Card Number: _____

CSC: _____ (3 digits on back of MC/Visa). Exp. Date: (mm/yy): _____

Signature: _____

Billing address (if different): _____

Print my name in your donor listing as: _____
(ex: Mr. & Mrs. John P. Smith, or John & Jane Smith, or Smith Enterprises)

My company has a matching gift program. I have enclosed the appropriate form.

Keep me updated on events or information pertaining to:

- | | |
|--|---|
| <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Professionals in the field of hearing loss |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Children |
| <input type="checkbox"/> Cochlear Implants | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Equipment Lending Lab | <input type="checkbox"/> Oral Communication |

All memberships are valid Oct. 1- Sept. 30. Thanks for supporting TSHA!