



JOIN



If you're deaf, hard of hearing, have tinnitus or simply value your hearing, then membership is for you!

Here's why....

You'll get our award-winning members' magazine every two months, which includes:

- impartial information about hearing aids
- reliable advice on managing tinnitus
- product reviews by our expert assessors
- interviews with famous actors, writers, film stars and ordinary people with hearing loss
- news of our hard-hitting campaigns
- reviews of new books and events related to hearing loss, and lots more.

I'm a member because it is an organisation truly devoted to helping deaf or hard of hearing people. To many it is a lifeline.
Liz Cameron



Want to get more involved?

You're welcome to support our campaigns, take part in our events, or volunteer your time with us. You'll also get regular members' emails with news of special events and information.

We look forward to welcoming you!

Our members are a vital and highly valued part of Action on Hearing Loss. You help to inform our work and help us develop the right services and policies. Please do join today and help us to change the world for people with hearing loss.

To join, you can:

- fill in the form below
- call 0845 634 0679 (telephone) or textphone 020 7296 8001 ext. 8256
- join online at www.actiononhearingloss/join



I'd like to join Action on Hearing Loss

Title Initial(s)

Surname

Address

Postcode

Tel/textphone

Email

Action on Hearing Loss may wish to contact you and keep you informed about our activities. If you would **prefer not** to be contacted in this way please tick this box.

From time to time Action on Hearing Loss would like to contact you by email. Please tick here if you **would like** to receive emails from Action on Hearing Loss.

Please accept my payment of: (please tick a box)

£22 standard rate **£15** reduced rate*

*Reduced rate applies if you are retired, unwaged or a full-time student

I enclose a cheque/PO made payable to Action on Hearing Loss

I would like to pay by credit/debit card

Visa Mastercard Maestro (Switch)

Card no

Expiry date / Issue no

Security code*

*Last three digits on the signature strip on the back of the card.

Signature Date

Please return your completed form to:

Action on Hearing Loss
Freeport Lon 13186, London EC1B 1AL