

I heard about BHA from -

- Doctor
- Audiologist
- Other

or I am Self—referred

I wish to join Better Hearing Australia Brisbane because

.....
.....

I am interested in -

- Receiving the weekly email news-sheet. I understand that I will always have the option not to continue to receive this news-sheet and can discontinue at any time by notifying the office.
- Receiving the quarterly newsletter
- Attending an Introduction to Hearing Loss Management Course
- Attending Hearing Loss Management / Signed Communication
- Attending information sessions at BHA
- Attending social events
- I am interested in volunteer work which could assist BHA

- I agree to abide by the Constitution and all by-laws of BHA Brisbane. (Copies are available from the office on request)

Signature.....Date.....

OFFICE USE ONLY

PAID Rcpt. No.....Date.....

Proposer.....Date.....

Seconder.....Date.....

Membership approved.

Signature.....Date.....



**BETTER HEARING AUSTRALIA
BRISBANE INC.**

21 Vulture Street, West End Qld 4101
PO Box 5334, West End Qld 4101
Phone (Voice/TTY) 07 3844 5065
Fax 07 3846 5260



VISION STATEMENT

*To provide,
without discrimination,
quality services and support
for people seeking assistance
regarding hearing issues*

OBJECTIVES

Our aim is to provide quality services and support for people seeking assistance regarding hearing issues.

It entails developing and maintaining processes aimed at achieving ongoing proficiency in the realization of our aims and objectives.

This involves the Board, staff and volunteers taking individual responsibility for the quality of their work, striving for a continuously improving work environment.

Quality objectives:

1. Offer support and understanding;
2. Encourage the values of independence, self-confidence, caring and mutual respect;
3. Provide opportunities for service users to improve communication and interpersonal skills;
4. Establish and maintain an environment which responds to identified needs of service users;
5. Encourage the adoption of lifestyles and work practices which prevent unnecessary hearing disabilities
6. Promote understanding in the wider community of the issues related to hearing loss

BENEFITS OF MEMBERSHIP

- * Bi-monthly newsletters
- * Quarterly magazine
- * Discount on class fees
- * Sharing coping skills
- * Library
- * Social Activities

All applications are presented to the Board for acceptance into Membership

BETTER HEARING AUSTRALIA BRISBANE INC

MEMBERSHIP NOMINATION / APPLICATION

1 July 2007 - 30 June 2008

PLEASE PRINT

Mr / Mrs / Miss / Ms / Other (*Please circle*)

Surname.....

First / Given Name.....

Address.....

.....Postcode.....

Postal Address.....

.....Postcode.....

Phone Nos - Voice

- TTY.....

- Mobile.....

Fax.....

Email.....

Membership includes subscription to "Better Hearing" Magazine

Individual Membership	-	\$38-50
	- concession	\$35-00

Family Membership	-	\$49-50
	- concession	\$44-50

(ALL PRICES ARE INCLUSIVE OF GST)

Donations of \$2-00 and over are
a Tax Deductible Donation \$_____

TOTAL \$_____