



**Board of Trustee
Application Form**

Name

Email Address

Street Address

City

Zip code

Daytime Phone

Evening Phone

Indicate V, TTY, VCO or relay numbers

HLAA Affiliation: Number of Years HLAA National member - Must be current

HLAA Chapter Affiliation: Number of Years HLAA chapter member

BOT Application Page 2

Name:

Office(s) held:

- Person with Hearing Loss Parent of Child with Hearing Loss
 Family member of Person with Hearing Loss Hearing Health Care Professional

Please provide a short biography:

If you are elected to the HLAA-MI Board of Trustees, what talents do you bring with you. Examples might be; proficiency with Microsoft Office products, graphics design, grant writing, marketing, advertising, teaching, Hearing Assistive Technology(HAT), prior board of director experience at a non-profit, etc. Please list all.

Signature: _____ Date: _____

Print this form and mail to:
Nominations Committee
c/o Tony Ferack
1226 Denice Street
Westland, MI 48186