



HANDS & VOICES

A group of North Dakota parents interested in providing support and services to all families with deaf or hard of hearing children are organizing a Hands & Voices Chapter here in our State. We are searching for parents and professionals throughout North Dakota who are interested in joining this organization.

Hands & Voices Mission:

Hands & Voices is dedicated to supporting families with children who are deaf or hard of hearing without a bias towards communication modes or methodology. We are a parent driven, non-profit organization providing families with the resources, networks, and information they need to improve communication access and educational outcomes for their children. Our outreach activities, parent/professional collaboration, and advocacy efforts are focused on enabling deaf and hard of hearing children to reach their highest potential.

Hands & Voices Motto: “What works for your child is what makes the choice right”

As our organization is dependent on memberships for our main funding source and the ability to offer quality assistance, we would like to encourage you to become a member of the North Dakota Hands & Voices Chapter. Membership is \$25.00 a year for families and individuals and \$40.00 a year for professionals. Membership applications and payments may be sent to North Dakota Hands & Voices, P.O. Box 5734, Fargo, ND 58105.

Please feel free to make additional copies of the applications for friends and family members that may be interested in joining. Membership is not limited to deaf or hard of hearing persons, parents, or professionals. Anyone with an interest may join. If you would like further information, please email or call us at handsandvoicesnd@midco.net, 701-484-1605.

Sincerely,

Deanna Anderson
Membership

North Dakota Hands & Voices
Yearly Membership Application

Individual \$25.00

Family \$25.00

Professional \$40.00

Name: _____

Name of Business: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Family Members & Date of Birth of children:

Are you or a family member deaf or hard of hearing? _____

If yes, please list family member. _____

Type of Hearing Loss & Severity of Loss. _____

Type of Communication Mode used, whether amplification devices are utilized, type and brand:

The Communicator is a newsletter created by the National Hands & Voices Organization.

Each State Chapter contributes articles to be published.

Please indicate if you would like to receive this newsletter.

Yes, I wish to receive the Communicator

No, I do not wish to receive the Communicator

Mail Application & Payment to: ND Hands & Voices P.O. Box 5734 Fargo, ND 58105
