

**Are you a Veteran with a hearing loss and a Florida resident?**  
**The Hearing Loss Association of Florida (HLA-FL) would like to give you a gift of a one-year membership with no strings attached.**

To qualify for this offer, the following criteria is required:

- You are a legal resident of Florida
- You are a veteran of any war or conflict beginning with the current operations in Iraq and Afghanistan going as far back as WW2
- You have a hearing loss
- You would like to gain the necessary information to help you adjust to your hearing loss
- You have not previously been a member of the **Hearing Loss Association of America (HLAA)**



The **Hearing Loss Association of America** is the largest consumer group in the US that represents people with hearing loss. The **Hearing Loss Association of Florida** state organization promotes the principles of HLAA and supports the 3 million Floridians with hearing loss. Membership in the **Hearing Loss Association of America** entitles you to the benefits of both organizations. Check out the national website at [www.hearingloss.org](http://www.hearingloss.org) and the state website at [www.hla-fl.com](http://www.hla-fl.com)

Here's what your membership provides:

- 6 issues per year of the award-winning magazine *Hearing Loss*, your one stop source of updated information on hearing loss and new technology
- 6 issues per year of *Hear Ye, Hear Ye*, the state newsletter of HLA-FL
- Network of Chapters located throughout Florida where you can learn more about your hearing loss and valuable resources that are available
- Assistance from the **Hearing Loss Association of Florida** with education/advocacy and support services and referrals

To receive our free offer, just complete the simple application below and mail to:

Nancy Day, HLA-FL Veterans Outreach

300 NE 13th Avenue, Gainesville, FL 32601

Email Nancy at [dayjoy@cox.net](mailto:dayjoy@cox.net) or phone 352-215-2958 for additional information if needed

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Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone Number with Area Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Years and Branch of Military Service: \_\_\_\_\_