



**ADAPTIVE DEVICES YOU USE:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Wheelchair                   | <input type="checkbox"/> Scooter                  | <input type="checkbox"/> Walker                  |
| <input type="checkbox"/> Respirator                   | <input type="checkbox"/> Service Dog              | <input type="checkbox"/> Speech Board            |
| <input type="checkbox"/> Hearing Aid                  | <input type="checkbox"/> Voice-Activated Computer | <input type="checkbox"/> Screen Reading Computer |
| <input type="checkbox"/> Electronic Magnifier         | <input type="checkbox"/> Books on Tape            | <input type="checkbox"/> Books on Computer Disk  |
| <input type="checkbox"/> Head-stick                   | <input type="checkbox"/> Light Pointer            | <input type="checkbox"/> Cane                    |
| <input type="checkbox"/> Speaking Device              |   |  |
| <input type="checkbox"/> Other (Please specify) _____ |   |  |

Do you use the above devices all the time or only part of the time? \_\_\_\_\_

**YOUR COMMUNICATIONS HOBBY GOALS:**

**Please check all that apply:**

- I want to use voice communications.
- I want to use Morse Code.
- I want to learn more about short-wave radio.
- I want to communicate by using a keyboard.
- Talking around the world is one of my goals.
- Local radio contacts via repeaters using a hand-held radio is for me.
- The social fun of talking with others and making friends via radio is my goal.

**FEES**

The annual membership fee (for members receiving services) is \$12.00.

*Please make your check out to "Courage Center Handiham System."*

- \$12.00 member fee enclosed; check or money order # \_\_\_\_\_
- Please charge my  Visa  Mastercard  Discover  
Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Expiration: \_\_\_\_ / \_\_\_\_

As a service to our members we can complete a membership application or renewal form for The American Radio Relay League (ARRL), which is a separate, unaffiliated national organization. Please include a check made out to "ARRL" in the proper amount if you would like to join or renew with the ARRL.

- I want to join/renew my ARRL membership - \$8.00/year without QST magazine (blind members only)
- I want to join/renew my ARRL membership - \$39.00/year **with** QST magazine (regular rate) \$36 age 65 +  
ARRL Membership Number (if renewing): \_\_\_\_\_

**OPTIONAL**

The following information is optional and is asked because public funding sources request statistical information on the racial mix of clients. Please check one:

- |  |  |                                   |
|--|--|-----------------------------------|
| <input type="checkbox"/> White, not of Hispanic origin | <input type="checkbox"/> Black, not of Hispanic origin                       | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Asian or Pacific Islander     | <input type="checkbox"/> Native American (Indian American or Native Alaskan) |                                   |

**If you are joining as a member with a disability, please sign below:**

I wish to apply for a participating membership in Courage Center Handiham System. I agree to abide by Handiham policies.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date Signed)