

# OPTION

## Partner Application

### Contact Information:

Program Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Website: \_\_\_\_\_

### Definition:

- May be a department within a university or hospital, a non-profit clinic, or an advocacy program
- Must support the OPTION mission of advancing excellence in listening and spoken language education for children who are deaf/hard of hearing

### Application Packet Checklist:

- Completed Partner Application
- One letter of support from a current OPTION Regular Member

### Process:

- Following administrative review of the application, it will be subject to a 15-day period of comment from the OPTION Regular Membership.
- Following the 15-day comment period the Partner Member must be approved by a majority vote of OPTION Executive Board Members.
- Partner Member dues of \$500.00 will be invoiced upon approval of application

### To Maintain Partner Member status the Partner must:

- Pay assigned annual dues in accordance with the established deadlines

I certify that all information included in this OPTION, Inc. membership application is true and accurate. I understand that I will be billed for membership dues if this application is approved and membership privileges will not begin until dues are paid.

\_\_\_\_\_  
Name, Title (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please scan/email application to [office.support@optionschools.org](mailto:office.support@optionschools.org)

Office Use Only

Date Received: \_\_\_\_\_

Fwd to Executive Board: \_\_\_\_\_

Notes: