

For Office Use Only:
PP# _____
Date _____
Type _____
ICD _____



Courage Kenny Handiham Program
3915 Golden Valley Road MR#78446
Golden Valley, MN 55422
Phone: (866) 426-3442
<https://handiham.org>

COURAGE KENNY HANDIHAM PROGRAM MEMBERSHIP APPLICATION

(Individuals with disabilities only)

Name _____
(Last) (First) (Middle Initial)

Title _____ Callsign _____ License Class (if licensed) _____
(Dr., Ms., Mrs., etc.)

Address _____
(Street, box number, apartment number, etc.)

City/State/Postal Code _____

Country _____ County (if USA) _____

Home Phone _____ Cell or Work Phone _____

Your e-mail Address _____

- I would like to receive the free Handiham e-mail newsletter.
- Please contact me via email with a Members-Only password, so that I can access audio and other files on the Handiham website. You must have a computer and valid e-mail address. Please specify a username & password or we will assign one for you. Username is usually your callsign. Password must be in all lower case with an 8 character minimum.
Username desired: _____ Password desired: _____

- I have a computer with Internet and want to take an on-line course (free to Handiham members)
 Technician General Extra Operating Skills

The monthly Ham Radio Digest with articles from ham radio magazines is available in special audio format in the Members-Only section of the Handiham website. If you don't have Internet access and have a NLS digital player you may request them on NLS digital cartridge.

- I have a NLS digital player and will be sending you a blank cartridge and mailer.

INFORMATION ABOUT YOU

Date of Birth _____ Sex: Male Female

Please describe your disability _____

When were you first disabled? _____

My educational background is: (Circle last level completed)
Grade 1 2 3 4 5 6 7 8 9 10 11 12 Trade School Undergraduate Degree Postgraduate

Special field of study: _____

ADAPTIVE DEVICES YOU USE:

- | | | |
|---|--|---|
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Scooter | <input type="checkbox"/> Speech Board |
| <input type="checkbox"/> Respirator | <input type="checkbox"/> Walker | <input type="checkbox"/> Screen Reading Computer |
| <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Cane | <input type="checkbox"/> Voice-Activated Computer |
| <input type="checkbox"/> Electronic Magnifier | <input type="checkbox"/> Service Dog | <input type="checkbox"/> Books on Computer Disk |
| <input type="checkbox"/> Head-stick | <input type="checkbox"/> Light Pointer | <input type="checkbox"/> Books on Digital Cartridge |
| <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 Kenny Handiham Program."

\$12.00 member fee enclosed; check or money order # _____

Please charge \$12.00 to my credit card

Card # _____ - _____ - _____ - _____ Expiration: ____ / ____ Security Code ____

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 Kenny Handiham Program. I agree to abide by Handiham policies.

(Signature)

(Date Signed)