



Providers of Quality Hearing Healthcare

www.hearingohio.org

State Chapter Member of the International Hearing Society

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Please Print Last Name First Name Middle Initial

Ohio License Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Business Information

Personal Information

Business name \_\_\_\_\_

Name \_\_\_\_\_

Business Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zipcode + 4 \_\_\_\_\_

City/State/Zipcode + 4 \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Home Telephone \_\_\_\_\_ Home Fax \_\_\_\_\_

Business Email \_\_\_\_\_

Home E-Mail \_\_\_\_\_

Please list the address of my business or my home on the Alliance Website (circle one)

Please circle appropriate answer:

Are you a member of IHS, ASHA, AAA? (circle appropriate)

Are you Board Certified by NBC-HIS, AAA? (circle those appropriate)

Are you an Audioprosthologist? Yes No

Are you a licensed Hearing Instrument Specialist? Yes No

Are you a licensed Audiologist? Yes No

I am a practice sole owner, partner, employee of business listed above (circle one)

Level of Education: high school diploma or equivalent, some college, undergraduate degree, masters degree, doctoral degree (circle one)

The Hearing Healthcare Alliance of Ohio Code of Ethics will be included with your membership card. Your signature affirms your agreement to adhere to the Code of Ethics.

Signature \_\_\_\_\_

Annual Membership Dues

Full Voting Member \$150.00

All professionals licensed as a Hearing Instrument Specialist or Audiologist

Associate Member (non-voting) \$75.00

All allied professionals such as support staff, receptionist or trainee

Sustaining Member \$ \_\_\_\_\_

Any individual or company wishing to support the Alliance.

Prorated Dues (Full Member Only)

\$12.50 per month

\_\_\_\_\_ Months x \$12.50 = \$ \_\_\_\_\_

Make Check Payable to: Hearing Healthcare Alliance of Ohio

Mail to: Joe Rosengarten, Treasurer
6601 Taywood Drive
Englewood, OH 45322-3761

Phone (937) 510-3190

For Board Use Only

Date Received \_\_\_\_\_ Check Number \_\_\_\_\_ Amount \$ \_\_\_\_\_

Date Of Application \_\_\_\_\_ Board Approved Date \_\_\_\_\_