



Providers of Quality Hearing Healthcare
State Chapter Member of the International Hearing Society

www.hearingohio.org

Membership Application

Name Last Name First Name Middle Initial New Member Renewal (check one)

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 Phone Home Fax

Business Email

Home Email

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

Please check the appropriate answer:

Are you a member of IHS ASHA AAA? (please check)

Are you Board Certified by NBC-HIS AAA? (please check)

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. (check one)

Level of Education (check one): High School Diploma or equivalent Some college Undergraduate Degree Masters Degree Doctoral Degree

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: Date of Application

ANNUAL MEMBERSHIP DUES

Full Voting Member, \$150

(All professionals licensed as Hearing Instrument Specialist or Audiologist)

Sustaining Member, all donations welcome

(Any individual or company wishing to support the Alliance)

PRINT APPLICATION

SUBMIT AND PAY ONLINE

To pay by check, make check payable to Hearing Healthcare Alliance of Ohio.

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

Date Received Check Number Amount Date of Application Board Approved Date