

Please select your Member Type:

Annual Dues Investment:

- Professional** Individuals engaged in the practice of testing human hearing and selecting, fitting, counseling patients and dispensing hearing instruments. \$ 325
- International** Those professionals employed outside the United States or Canada. \$ 135
- Associate/Affiliate** U.S. office staff, receptionists or any other support staff, educators, physicians, counselors or those employed by a hearing industry manufacturer or supplier. \$ 55
- Student** Individuals pursuing an academic or vocationally-based program of study in the practice of hearing instrument sciences or other related professions. \$ 40

PERSONAL INFORMATION

NAME (Last, First, Middle):		Last 4 digits of SS/SI Number:	
Date of Birth (mm/dd/yy):	Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

BUSINESS INFORMATION

<input type="checkbox"/> Preferred address for mail?			
COMPANY NAME:		I am ... <input type="checkbox"/> Employee <input type="checkbox"/> Business Owner (# Offices _____, # Employees _____)	
Address line 1:		Business Phone:	
Address line 2:		Business Fax:	
City:	State/Province:	Zip/Postal Code:	Country:
Email (for listing):		Website:	

HOME INFORMATION

<input type="checkbox"/> Preferred address for mail?			
HOME ADDRESS:		Home Phone:	
City:	State/Province:	Zip/Postal Code:	Country:

PROFESSIONAL / EDUCATION INFORMATION

I am licensed to dispense hearing instruments in the following states/provinces/countries:

State/Province/Country: _____ License #: _____

State/Province/Country: _____ License #: _____

I began dispensing hearing instruments in (year): _____

Professional Credentials attained: ACA AuD BC-HIS CCC-A CCC-SLP Other: _____

Education Level: HS Some College/Trade College/Grad Degree (Inst, Degree): _____

PAYMENT METHOD

PROMO CODE (optional):	<input type="checkbox"/> Visa/MC/AmEx/Discover #:	Exp. Date:	CVV code:
<input type="checkbox"/> Check # (payable to IHS):	Amount:	Credit Card Authorized Signature:	

All memberships run until 12/31/2017.
I agree to abide by the Bylaws and Code of Ethics of the International Hearing Society.

Signature: _____ Date: _____