

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 12/31/2018.**  
**I agree to abide by the Bylaws and Code of Ethics of the International Hearing Society.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_