



**Hearing Healthcare
Providers of Arizona**

**Membership Renewal
Application**

Chapter of the International Hearing Society

Invoice To:

Name: _____
 Address: _____
 City, St, Zip _____

Make Checks Payable to:
Hearing Healthcare Providers Of Arizona
 3039 W. Peoria Suite 102 #195
 Phoenix, AZ 85029

Membership Dues for 2011-----	_____	\$125.00
Assessments-----	_____	
HIS Fees-----	_____	
New Member: Balance Due on Initial Fee-----	_____	
Other Fees-----	_____	
INVOICE TOTAL		_____

HHPA BYLAWS: ARTICLE 1 Sec. C: DUES AND ASSESSMENTS – The amount of the annual dues and any assessments to be levied shall be established by the Board of Directors. Dues are payable annually in advance. If the dues or assessments of any member remains unpaid by the January annual meeting, the membership shall automatically terminate by reason of such non-payment of dues or assessments. Members of the HHPA who are not certified by the International Hearing Society shall be subject to any assessment levied against this organization by the International Hearing Society.

PLEASE COMPLETE LOWER PORTION AND RETURN WITH REMITTANCE

Personal Information

Name & Cred. _____
 Address _____
 City, St. Zip _____
 Telephone _____
 Email Address _____

Business Information

Company Name _____
 Address _____
 City, St. Zip _____
 Telephone _____
 NBC-HIS Certified # _____
 ACA # _____

Membership Dues for 2011	_____	\$125.00
Assessments	_____	
HIS Fees	_____	
Other Fees	_____	
Total Enclosed	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">\$</div>	

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