



# Washington Hearing Society Membership Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Business Name \_\_\_\_\_

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

Phone: \_\_\_\_\_  
Business Residence Mobile

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

## **Membership Category:**

**Voting Class.** Any WA State licensed professional in good standing and who holds a valid WA state license as a Hearing Aid Specialist or Audiologist. \$150 Annual Membership Fee\*

**Associate Class (Regular).** Includes Out-of-State HIS's or Audiologists; WA business owners; manufacturers or their representatives doing business in WA; Employees of a WA state hearing aid company. \$100 Annual Membership Fee\*

**Associate Class (Student).** Students enrolled in WA State hearing healthcare training, education, Vocational programs including colleges and universities, and the WHS HAST program. \$35 Annual Membership Fee\*

**Sustaining Class.** Any individual or business entity that chooses to make a significant gift to the Society. (Contact the WHS Board for more information.)

WA State License # \_\_\_\_\_ Other State License # \_\_\_\_\_

Past Employment. (Please include the last five years – Company, City, State):

1. \_\_\_\_\_
2. \_\_\_\_\_

I certify that I am not under investigation by the WA Dept. of Health nor do I have any formal statement of charges pending by any regulatory agency.

I agree to uphold the International Hearing Society's Code of Ethics.

\_\_\_\_\_  
Applicant Signature Date

----- Do Not Write Below This Line -----

\_\_\_\_\_  
WA DOH Clearance Board Approval

For NEW applications received between 1/15 and 3/31, the membership fee will be reduced 10%.  
If received April 1 – June 30<sup>th</sup>, the fee will be reduced 25%. If received July 1 – Sept 30<sup>th</sup>, the fee will be reduced by 50%. If received October 1 – Dec 31<sup>st</sup>, the fee will be reduced by 75%.