Hearing Healthcare Providers California
One Capitol Mall, Suite 320
Sacramento, CA 95814
Phone (916) 447-1975
Fax (916) 444-7462
www.hhpca.org

Membership Application

Name:_____ Date: _____

Please mark all that apply:

☐**Hearing Instrument Dispenser** ☐**Dispensing Audiologist** ☐**Other**_____

Company Name: _____ Years at Present location: _____

Mailing Address_____

City: _____ST ___Zip: _____ E-mail address:_____

Phone: (_____)_____ Fax:(_____)_____

California License: _____ Expiration Date: _____

Number of years in hearing aid field _____

I hereby make an application for membership in the Hearing HealthCare Providers/California. I agree to abide by the Bylaws and the Code of Ethics of the association and to pay membership dues as annually required.

Signature _____ Date _____

Please make checks payable to HHP California and return with this application or provide your credit card payment information below.

We accept the following credit cards (please circle only one): **MasterCard** **Visa** **AMEX**

Name on Card _____ CC No. _____

CVC _____ CC Billing Zip code_____

Signature _____ Exp. MM/YY _____/_____

Please check your appropriate member type
Schedule of Annual Dues:

☐	**Regular Member**	**$295.00**
☐	**Additional Member Location**	**$100.00**
☐	**Employee Member**	**$195.00**
☐	**Product Manufacturer/ Service Provider**	**$350.00**
☐	**Retired / Student / Support Staff**	**$125.00**

Contributions or gifts to the Hearing HealthCare Providers California are not deductible as charitable contributions for federal income tax purposes. Dues payments are deductible by members as an ordinary and necessary business expense.

Regular Member – Any Hearing Instrument Dispenser who is in good standing can be a member and will have full rights and privileges of membership including voting and holding office

Additional Member Location – For Members with satellite/branch offices and want Directory listing(s)

Employee Member – Any licensed HID, who is the second, third or more member(s) of an office with a full category member, has full membership privileges, including voting and holding office

Retired Member – Any former Regular Member who is no longer a dispenser of hearing aids but still has an active license may do so at this rate and will have full rights and privileges of regular membership; if license is not active can still join at this rate and can vote but not hold office

Product Manufacturer/Service Provider – Any company with an interest in the production, training and sales of products pertaining to the enhancement of hearing

Support Staff/Temporary Licensee Member – Any person who has been issued a temporary license and/or any non-licensed staff of a regular member may not vote or hold office