



Hearing Healthcare Providers California
 One Capitol Mall, Suite 800
 Sacramento, CA 95814
 Phone (916) 447-1975
 Fax (916) 444-7462
 www.hhpca.org

Membership Application

Name: _____

Please Mark Applicable: *Hearing Instrument Dispenser* *Dispensing Audiologist* *Other:*

Company Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: (____) _____ **Email:** _____

California License: _____ **Expiration Date:** _____

Number of Years in the Field: _____ Interested in Joining the Legislative or Conference Committee? Check Here: _____

**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**. Send payment with application or provide your credit card payment information below.

We accept the following credit cards: **MasterCard** - **Visa** - **American Express**

Name on Card: _____ C/C #: _____

Security Code: _____ Billing Zip Code: _____ Expiration Date: _____

Signature: _____

(Please email application to rmiller@amgroup.us or mail to address above.)

Automatic Membership Renewal?
 If Yes, Check Here: _____
 for HHP to automatically withdraw your dues annually. Make sure to provide your credit card information!

Please Select your Appropriate Member Type:

Regular Member	\$295.00
Additional Member Location	\$100.00
Product Manufacturer/ Service Provider	\$195.00
Retired / Student / Support Staff	\$125.00

Did someone refer you to HHP? Please let us know who we can thank!

Referring Member

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 that want Directory listing(s)
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; a retiree without an active license may join at this rate and vote, but not hold office
Product Manufacturer/Service Provider – Any company or individual 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)