



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 (located on back of application).

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: _____ CVV: _____ C/C #: _____

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

Signature: _____

(Please email application to ewise@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:

- | | |
|--|----------|
| <input type="checkbox"/> Regular Member | \$295.00 |
| <input type="checkbox"/> Additional Member Location | \$100.00 |
| <input type="checkbox"/> Product Manufacturer/Service Provider | \$195.00 |
| <input type="checkbox"/> 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)

If you would like to make monthly dues payments, please check here: ☐

AUTOMATIC DUES PAYMENT AGREEMENT

By selecting the automotive dues payment terms on the front of this invoice you agree to the following:

HHP/CA will charge my credit card/banking account automatically for all association dues.

This automatic charge will continue until:

- Membership is canceled or
- The member submits a written request to change to annual direct dues billing.

This payment option is available to **Regular, Employee (Only those grandfathered in on this type), Retired, Additional Location, Product Manufacturers, Service Provider, Support Staff, and Student Members.**

You are responsible for ensuring that an active credit card number is on file with the association office.

If a charge is declined, you need to provide the association office with a new card number for ongoing use.
An additional service charge may apply.

HHP/CA membership is a full year commitment. As a courtesy, HHP will now accept membership dues payments in monthly installments, which requires setup of automatic payment.

If you would like to change your payment schedule, please contact the HHP/CA office.

Hearing HealthCare Providers California Code of Ethics

As a licensed Hearing Aid Dispenser or Audiologist, I pledge to abide by all federal, state and local laws applicable to the dispensing of hearing aids.

As a member in good standing of the Hearing HealthCare Providers California, I further pledge that:

- I will recommend the purchase of a hearing aid only in those cases in which the customer will benefit from its use.
- I will maintain a permanent office, open on a regular schedule, and equipped with adequate testing facilities.
- I will keep myself informed about new developments in techniques and equipment.
- If within 45 days of purchase I receive a written opinion by a physician that an aid sold by me does not provide sufficient improvement that upon return of the aid I will refund the full purchase price, less a reasonable fee for service. This service charge will be disclosed prior to the purchase.
- In the event that I am unable to reach a mutually agreeable financial settlement with an unsatisfied client, I will advise the client to submit the dispute to the Hearing HealthCare Providers California for arbitration, and I will abide by the findings of the Association.