



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**

Please name your referring HHP member so we can present them with their recognition and reward them for helping Grow HHP Membership!

\_\_\_\_\_  
 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 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