



Washington Hearing Society Application for Membership



Name _____ Date _____

Home Address _____

Business Name _____

Business Address _____

Phone _____
Business Home Cell

Electronic Contact _____
e-mail address Fax

Type of Membership: Professional Associate Student Sustaining
(\$25 Application fee applies to dues) (\$100.00 per year) (\$50.00 per year) (\$25.00 per year) (Donation)

License Number WA State _____ License Number Other State _____
Specify State

Professional Status: Hearing Instrument Specialist Licensed Audiologist
Student Manufacturer Other

Past Employment: (Please Include the Last five years – Company, City & State):

1. _____

2. _____

Professional: Check any and all that apply

IHS – Member of ASHA – Board Certified – ACA – CCC-A – PhD – AuD

List other, Clubs, and Organizations you belong to and any offices held:

I certify I am not under investigation by the Department of Health nor do I have any formal statement of charges pending by any regulatory agency.
I understand WHS will verify my licensing status with the State of Washington and agree to uphold the Code of Ethics of the Washington Hearing Society.

Applicants Signature _____ Sponsors Signature _____

..... Do Not Write Below This Line

Date \$25.0 Application Fee Paid Check Number _____ Date Received by Membership Committee _____ Date Submitted to DOH _____

Date Cleared by DOH _____ Date Approved by WHS Board _____ Date Approved by General Membership _____

FAX / MAIL TO: (360) 707- 5600 / WHS c/o 218 E. Rio Vista, Burlington, WA 98233