

NEW JERSEY ASSOCIATION OF HEARING HEALTH
PROFESSIONALS INC.

MEMBERSHIP / RENEWAL APPLICATION

Full Member: \$100 Annual Dues

- ▶ *Must be a Licensed Hearing Aid Dispenser
In the State of New Jersey*
- ▶ **License Number:** _____

Associate Member: \$75 Annual Dues

- ▶ *Other Licensed Professionals, but NOT
Licensed Hearing Aid Dispenser (i.e. Audiologist,
Speech-Language Pathologist, Physician, etc.)*

Affiliate Member: \$40 Annual Dues

- ▶ *Out of State (New Jersey) Hearing Aid
Dispenser or related Professional*

Student Member: \$25 Annual Dues

- ▶ *Any person in training to become a Licensed
New Jersey Hearing Aid Dispenser or an Audiologist.
School affiliation: _____*

Please write legibly, this information will be used in the directory.

Date: _____

Name: _____

Credentials: _____

Business Name: _____

Business Address: Street _____
City _____ ST _____ Zip _____

County: _____ **Email:** _____ (To be listed in
directory)

Website: _____

Business Phone: _____ **Fax:** _____

***** *If you have additional offices, please list on separate sheet of paper: Business name, address, email,
phone number, fax number, and county.*

Home Address: (For Association emails / mailings ONLY)

Street _____

City _____ ST _____ Zip _____

Would you like your mail sent to: HOME or OFFICE
(Please circle your preference)

Email _____

Please return your completed form with payment to:

NJAHHP Membership Chairperson

Leslie E. Herman

NJAHHP

247 East Front Street

Trenton, NJ 08611

Fax (609) 392-0244

NJAHHP@gmail.com

If paying by check, make check payable to NJAHHP

Credit Card Type: Visa Master Card

Credit Card #: _____

Expiration: _____

Signature: _____