www.NJAHHP.com

NEW JERSEY ASSOCIATION OF HEARING HEALTH PROFESSIONALS INC.

NEW MEMBERSHIP / RENEWAL FORM

Full Member: $150 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:_____

Suffix (BC-HIS, AuD, HIS, PhD, other): _____

Licenses (Hearing Aid Dispenser, Audiologist, Both): _____

Business Name: _____

Business Address: Street_____

City_____ST_____Zip_____

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

Website: _____

Business Phone: _____ Fax: _____

Would you like your mail sent to: **HOME or OFFICE**

(Please circle your preference)

Home Address: *(For Association emails / mailings ONLY)*

Street_____

_____

City_____ST_____Zip_____

Email_____

Please return your completed form with payment to:

NJAHHP
132 West State Street
Trenton, NJ 08608-1102
Fax (609) 392-0244
NJAHHP@gmail.com

If paying by check, make check payable to NJAHHP

Total Payment: $ _____
Credit Card Type: Visa Master Card
Credit Card #: _____
Expiration: _____ CVV#: _____
Signature: _____