

NEW JERSEY ASSOCIATION OF HEARING HEALTH
PROFESSIONALS INC.

NEW MEMBERSHIP / RENEWAL FORM

Renewal also available online

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): _____

Business Name: _____

Business Address: Street _____
City _____ ST _____ Zip _____

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

Website: _____ **Business Phone:** _____

***** *If you have additional offices, please list on separate sheet of paper: Business name, address, phone number, fax number, website (if applicable) and county. Please email photo & bio to njahhp@gmail.com.*

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
23-13 Broadway
Fair Lawn, NJ 07410
NJAHHP@gmail.com

If paying by check, make check payable to NJAHHP

Total Payment: \$ _____

Credit Card Type: **Visa** **Master Card**

Credit Card #: _____

Expiration: _____ **CVV#:** _____

Billing address: _____