

Oregon Hearing Society, Inc.

Membership Application/Renewal Form



Your Name: _____
Last First M.

Personal Non Published Information

Personal Mailing Address: _____

City: _____ State: _____ Zip Code: _____ - _____

Home Phone: (_____) _____ - _____ (_____) _____ - _____

Personal Email: _____

Listing to be used for Public Information & Website

Name & Title _____

Business Name: _____

Bus. Address: _____

City: _____ State: _____ Zip Code: _____ - _____

Business Phone: (_____) _____ - _____ Business Fax: (_____) _____ - _____

Business Email: _____ Website: _____

Preferred Mailing Address Personal Business Other

Other address: _____

City: _____ State: _____ Zip Code: _____ - _____

Are you licensed in the state of Oregon? Yes No License # _____

Are you licensed in another state? Yes No State: _____ License # _____

State: _____ License # _____

Are you NBC-HIS Yes No Member of IHS? Yes No

Dues for Membership Year: January 1 through December 31

Regular Membership: voting privileges New Applicant Renewal **\$140 per year or \$260 for 2 years**
(for person having a valid Oregon dispenser's license)

Associate Membership: no voting privileges New Applicant Renewal **\$50.00 per year**
(for temporary licensee of Oregon or any person with a vested interest)

New Applicant/Renewal Affidavit

If my application for membership in the Oregon Hearing Society is accepted by the Corporate Board and voted in by the general membership, I agree to abide by the Bylaws of this Society, by all regulations and policies established by the Corporate Board and the code of Ethical Trade practices for the Hearing Aid Industry. I also understand that failure to do so may result in the cancellation and recall of my membership and expulsion from the Society.

I further understand and agree to, that continuance of my membership is conditional upon my meeting the requirements for the annual renewal of my membership. (All membership certificates, OHS lapel pins, or other Society materials shall remain the property of the Oregon Hearing Society and must be surrendered upon demand).

_____/_____/_____
Applicant's Signature Date

(application is not valid unless signed and dated)

Submit application with your payment to: OHS, P.O. Box 30404, Portland, OR, 97294-0369

Office Use Only: QB _____ SS _____ WS _____ INV _____ CHK _____ AMT _____ FMD/DATE _____ OK _____