

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 Member Chair Leslie E. Herman

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: _____