

# Illinois Hearing Society

## Chapter of International Hearing Society MEMBERSHIP APPLICATION – 2011

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
State Certification #: \_\_\_\_\_

- NBC-HIS       Audiologist       Hearing Instrument Specialist  
 F-AAA       CCC-A       MD       D.D.S.       ACA  
 Yes     No    Member of the International Hearing Society?

### **Regular Membership** (\$250.00 per year)

(VOTING): Any person that is a Hearing Instrument Specialist, duly certified or licensed under Illinois law within the State of Illinois.

### **Supporting Membership** (\$75.00 per year)

(NON-VOTING): Manufacturer / supplier firms (Non-voting apply only to substantive issues, not elections.)

**I HEREBY APPLY FOR IHS MEMBERSHIP AND, IF ACCEPTED, SUBSCRIBE TO THE CODE OF ETHICS OF THE ASSOCIATION.** Payment of dues constitutes an agreement & authorizes IHS to send association related information/materials to you via fax, mail or e-mail.

#### Payment Options:

1. Fax your form with credit card information to the IHS Office, 217-241-4683
2. Call with your credit card information, 217-528-5230 ext. 4
3. Mail form with check or credit card information:

**Illinois Hearing Society**  
225 East Cook Street  
Springfield, IL 62704

- Visa       MasterCard       American Express       Discover

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cardholder Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ \$ \_\_\_\_\_

OR

Check #: \_\_\_\_\_

Due to government regulations that portion of your dues which is allocated to lobbying activities is not deductible. For 2011, 27% of your dues are not deductible as a cost of doing business. The balance of your dues remains deductible as an ordinary and necessary business expense.