



**NORTH CAROLINA ASSOCIATION OF HEARING
CARE PROFESSIONALS**

P.O. Box 405

Hickory, NC 28603

Application for Membership

Name (First, Middle, Last) _____

Complete Business Name: _____

Address: _____

Business Phone: (_____) _____ Home Phone: (_____) _____

Preferred Mailing Address: _____

___ Member (Current Valid 93-D North Carolina License Required) North Carolina License No.: _____

___ Apprentice (Current Valid Apprentice Registration Required) North Carolina Registration No.: _____

___ Associate (Office personnel & Other Associated Individuals)

Type of Membership: _____ Individual _____ Company If, company, list names on back >

**** The following is requested to compile a descriptive profile of our membership ****

Number of years serving the hearing impaired: _____ Date of birth: _____

Academic Training: _____

Other professional organizations associated with: _____

Committees you would serve on: _____

Your areas of special interest and experience: _____

The North Carolina Association of Hearing Care Professionals' purpose of existence is to give Hearing Professionals of all backgrounds an opportunity to join together in fellowship and education. The Association's primary goal is to continue to give the very best hearing healthcare to the hearing impaired in North Carolina.

I agree that if this application is accepted, I will abide by the By-Laws, Policies, and Code of Ethics of this Association. I understand that failure to follow these guidelines may be cause for cancellation and recall of my certificate.

Signature: _____ Date: _____

Two member signatures required: _____

List Company Members (if applicable)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

For company memberships please fill out this back page with each company member name. Each member must fill out an application and make copies of front page as needed. Company membership fees cover all employee of that particular company.

	New Member Fee	Yearly Renewal Fee
Company	\$425	\$400
Licensed Member	\$125	\$100
Apprentice	\$75	\$50
Associate	\$55	\$30

Please Remit To:
NC Association of Hearing Care Professionals
P.O. Box 405
Hickory, NC 28603