

Application for Membership – Colorado Hearing Society

Please remit \$125 for Annual dues, plus a \$25 Initiation Fee, and this Application, to:

Tom Adams, C/O DigiCare Hearing Solutions 6660 Delmonico Dr., Ste D405 Colorado Springs, CO 80919

GENERAL INFORMATION

Name (Last, Middle, First): _____

Home Address: _____

E-mail: _____

Date of Birth: _____ Social Security Number: _____

Business Name: _____ Business Phone: _____

Business Address: _____

Business Position: _____ Duties: _____

PROFESSIONAL INFORMATION

What year did you begin dispensing hearing instruments? _____

Please list the state(s) in which you currently or previously held a license to dispense hearing instruments:

State: _____ License #: _____ Dates Held: _____

State: _____ License #: _____ Dates Held: _____

Have you ever had a hearing instrument license revoked: Yes No If Yes, what state? _____

Are you "Board Certified in Hearing Instrument Sciences": Yes No

Are you a member of the International Hearing Society: Yes No

List any other Hearing Society of which you are a member: _____

Please list you previous two employers:

Company&Contact Person: _____ Dates Employed: _____ Phone: _____

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CONTINUING EDUCATION

Please list any continuing education classes you have attended over the past two years:

Name of Class: _____ Sponsor: _____

Dates: _____ Credits Earned: _____

Name of Class: _____ Sponsor: _____

Dates: _____ Credits Earned: _____

Please list any other professional designations, experience, or qualifications to dispense hearing instruments:

Signature of Applicant: _____ Date: _____