

# HEARING AID ASSOCIATION OF KENTUCKY INC. MEMBERSHIP APPLICATION

PLEASE TYPE OR PRINT CLEARLY

1. Name \_\_\_\_\_ Date \_\_\_\_\_  
2. Soc. Sec. No. \_\_\_\_\_  
3. Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
4. Name of Business \_\_\_\_\_  
5. Business Address: Street & Number \_\_\_\_\_  
City & State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Phone \_\_\_\_\_ Fax \_\_\_\_\_  
6. Home Address: Street & Number \_\_\_\_\_  
City & State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
7. E-mail Address \_\_\_\_\_  
8. Send my mail to my: \_\_\_\_\_ Business \_\_\_\_\_ Home  
9. Do you presently hold a valid license to fit and dispense hearing aids in KY?  
\_\_\_\_\_ Yes \_\_\_\_\_ No, and what other states if any? \_\_\_\_\_  
10. I am: \_\_\_ Sole Owner \_\_\_ A Partner \_\_\_ An Employee of the Business listed in #4.  
11. This application is for: \_\_\_\_\_ Regular Voting, \$75.00 \_\_\_\_\_ Associate Voting, \$30.00  
\_\_\_\_\_ Affiliate, \$20.00 \_\_\_\_\_ Academic, \$10.00  
\_\_\_\_\_ Apprentice Student, \$20.00  
12. If application is for Associate Voting, name the Regular Voting Member with whom  
associated: \_\_\_\_\_

I agree to abide by the By-Laws of the Hearing Aid Association of Kentucky, the Code of Ethics of the National Hearing Aid Society, the FDA Rules & Regulations, and the FTC Trade Practices Rules, all of which I have read, understand, and ascribe to, and consider each to be as much part of this application as though they were printed in full here-on.

I further affirm that I have read KRS 334 together with the Rules & Regulations of the Kentucky Board of Licensing Hearing Aid Dealers. I bind myself to be governed by them. Furthermore, I voluntarily consent to an investigation of my past & present employment & other activities for the purpose of verifying my qualifications for membership. In addition, I agree to furnish the Board any information which may subsequently be requested for the purpose of verifying my qualifications.

I do hereby affirm that all statements herewith are true & correct to the best of my knowledge & belief.

Signature \_\_\_\_\_ KY Lic.# \_\_\_\_\_ Date \_\_\_\_\_

Mail Application with payment to Hearing Association of Kentucky Inc. to Treasurer

PAID BY: Check # \_\_\_\_\_ Visa # \_\_\_\_\_ Mail To:  
Mastercard # \_\_\_\_\_ Discover # \_\_\_\_\_ Charlie Robinette  
Expiration Date \_\_\_\_\_ 7410 U.S. 42, Ste. 100  
Florence, KY 41042

## FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ By: \_\_\_\_\_  
Investigation Committee: Date Passed: \_\_\_\_\_  
Board of Directors: Date Passed: \_\_\_\_\_