

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 ___ Corporate \$250.00
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: _____