

Nebraska Hearing Society Membership Application Form

ALL SECTIONS ARE REQUIRED FOR MEMBERSHIP*

Name: _____

Company: _____

Position with Company: _____

Business Address: _____

Business Telephone Number: () _____

Business email: _____ Last 4 digits of SS _____

Home Address: _____

*2021 Membership include our Spring Online Webinar with 12 CE Credits a SAVINGS of \$180.00!

I am applying for:

_____ New Membership - \$90.00*

_____ Associate Membership - \$35.00*

_____ Renewal of Membership - \$90.00*

_____ Affiliate Membership \$250.00*

_____ Industrial Membership \$600.00*

I am a:

_____ Hearing Instrument Specialist - License # _____

_____ Board Certified Hearing Instrument Specialist - License # _____

_____ Clinical Audiologist - License # _____

_____ Other (Please Specify) _____

Do you presently hold or have you ever held a license to fit and dispense hearing aids in states other than Nebraska? _____

If so, which states? _____

License numbers: _____

Have you ever had your license revoked or suspended or been the subject of any hearings related to the practice of dispensing hearing aids in this state or any other state? Yes _____ No _____. If yes, attach a complete explanation.

Have you ever been convicted of a misdemeanor (traffic violations not included) or a felony? Yes _____ No _____. If yes, attach a complete explanation.

If accepted for membership into the Nebraska Hearing Society, I will abide by the Code of Ethics and By-Laws of the Society, including the FTC Trade Practice rules for the Hearing Aid Industry.

Signature _____ Date _____

All members must complete this form and mail back by April 6, 2021. If you did not use our Online Payment include your check and return to:

Nebraska Hearing Society
c/o Tom Tambling
819 Diers Ave Suite 1
Grand Island NE 68803