

Illinois Hearing Society

Chapter of International Hearing Society

SUPPORTING MEMBERSHIP APPLICATION – 2015

Name: _____ Owner: Yes No
Company: _____
Company Address: _____
City, State Zip: _____
Business Phone: _____
Home Address: _____
City, State Zip: _____
Home Phone: _____
Fax: _____
E-mail: _____
Last 4 digits of Social Security #: _____

NBC-HIS Audiologist Hearing Instrument Specialist
 F-AAA CCC-A MD D.D.S. ACA
 Yes No Member of the International Hearing Society?

Supporting Membership (\$75.00 per year)

(NON-VOTING): Manufacturer / supplier firms (Non-voting apply only to substantive issues, not elections.)

I HEREBY APPLY FOR IHS MEMBERSHIP AND, IF ACCEPTED, SUBSCRIBE TO THE CODE OF ETHICS OF THE ASSOCIATION. Payment of dues constitutes an agreement & authorizes IHS to send association related information/materials to you via fax, mail or e-mail.

Payment Options:

1. Fax your form with credit card information to the IHS Office, 217-241-4683
2. Call with your credit card information, 217-528-5230 ext. 4
3. Mail form with check or credit card information:

Illinois Hearing Society

225 East Cook Street
Springfield, IL 62704
www.illinoishearingsociety.org

Visa MasterCard American Express Discover

Card # _____

Expiration Date: _____ Security Code: _____ Zip Code: _____

Cardholder Name (Please Print): _____

Signature: _____ \$ _____

OR

Check #: _____

Due to government regulations that portion of your dues which is allocated to lobbying activities is not deductible. For 2015, 11% of your dues are not deductible as a cost of doing business. The balance of your dues remains deductible as an ordinary and necessary business expense.