

# Illinois Hearing Society

Chapter of International Hearing Society

## CORPORATE OR INDIVIDUAL MEMBERSHIP APPLICATION – 2018

Please see new corporate membership options below.

### Please Print

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 #: \_\_\_\_\_

**REGULAR Membership (VOTING)** ..... \$250  
Any person that is a Hearing Instrument Specialist, duly certified or licensed under Illinois law within the State of Illinois.

**CORPORATE Membership (VOTING)** (Please fill out next page with individual dispenser contact information)

Number of Dispensers	2 Dispensers	3 Dispensers	4 Dispensers	5 Dispensers	6+ Dispensers
Corporate Dues	\$475	\$675	\$870	\$1,055	\$1,500

I hereby apply for Illinois Hearing Society membership and, if accepted, subscribe to the code of ethics of the Association.

## Payment

Check # \_\_\_\_\_ (made payable to Illinois Hearing Society)  
 MasterCard  Visa  American Express  Discover

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_

Security Code \_\_\_\_\_ Signature \_\_\_\_\_

Cardholder Name (Please Print) \_\_\_\_\_

Billing Address ZIP CODE that appears on your Credit Card Statement \_\_\_\_\_

### Check all that apply:

- NBC-HIS
- Audiologist
- Hearing Instrument Specialist
- F-AAA
- CCC-A
- Member of the International Hearing Society?
- MD
- D.D.S.
- ACA

### Submittal Options:

1. Fax your form with credit card information to the IHS Office, 217.789.4664
2. Call with your credit card information, 217.789.6252
3. Mail form with check or credit card information:

Illinois Hearing Society  
225 East Cook Street  
Springfield, IL 62704

[www.ilhearing.org](http://www.ilhearing.org)

### Questions?

[rob@cook-witter.com](mailto:rob@cook-witter.com)

Due to government regulations that portion of your dues which is allocated to lobbying activities is not deductible. For 2018, 25% 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.

Payment of dues constitutes an agreement and authorizes IHS to send association-related information/materials via fax, mail or email.

Illinois  
**Hearing Society**

**CORPORATE MEMBERSHIP DISPENSER INFORMATION**

*Please complete the information for each of your Dispensers. Use additional pages as required.*

Name: \_\_\_\_\_

Office: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Office: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Office: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

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City State Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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Fax: \_\_\_\_\_

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