

**Nebraska Hearing Society  
Membership Application Form**

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

Company: \_\_\_\_\_

Position with Company: \_\_\_\_\_

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

Business Telephone Number: ( ) \_\_\_\_\_

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

I am applying for:    \_\_\_\_\_ **New Membership - \$85.00**  
                                  \_\_\_\_\_ **Renewal of Membership - \$85.00**  
                                  \_\_\_\_\_ **Associate Membership - \$35.00**  
                                  \_\_\_\_\_ **Affiliate Membership \$250.00**  
                                  \_\_\_\_\_ **Industrial Membership \$600.00**

I am a:                    \_\_\_\_\_ **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 \_\_\_\_\_

**Make checks payable to:**  
**Nebraska Hearing Society**  
**7700 A Street Suite 100**  
**Lincoln, NE 68510**