**Membership Application**

**(Membership runs annually from January 1 thru December 31)**

**FLORIDA SOCIETY OF HEARING**

**HEALTHCARE PROFESSIONALS, INC.**

**2709 Killarney Way, Suite 4 Tallahassee, Florida 32309**

❑ Membership Dues for 2021: $195.00 (discounted price of $185.00 if received before December 31 of preceding year)

❑ Corporate Membership 2021: 6-10 discounted price of $185.00 per member; 11-15 discounted price of $175.00 per member; 16+ discounted price of $165.00 per member **(Must be received by January 31 of 2020)**

❑ Membership Dues for 2021: $195.00 plus FSHHP-PAC Contribution $50.00 = $245.00

❑ 2 year membership automatic monthly charge to CC of $16.25 per month (NEW PROGRAM)

***we bill you monthly and all you have to do is keep an active CC on file with FSHHP***

❑ FSHHP-PAC Contribution \_\_\_\_\_\_\_\_\_ Total \_\_\_\_\_\_\_\_\_

❑ Charge my Credit Card a one-time fee of $195.00 **OR** ❑ Charge my credit card $16.25 monthly

VISA ❑ MC ❑ American Express ❑ Discover ❑ or PayPal ❑

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Sec/V-Code Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

CC Billing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Enclosed is my check in the amount of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAS License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BC-HIS ❑ ACA ❑ CCCA ❑ AuD ❑

Last four of SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate how you would like your name to appear on your membership certificate, please print legibly (free for new members, and cost of $50.00 for existing members)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ I DO NOT wish to have my contact information published by the FSHHP

**Any Questions Call: Jason D. Winn, Esq., (850)320-6129 or Email: info@floridahearingsociety.com**

**Please fax to 850/222-1562 or Mail to: FSHHP Inc. c/o Jason D. Winn, Esq.**

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