

The Miracle-Ear corporate membership program allows licensed professionals within the Miracle-Ear community to become active members of IHS and to take advantage of the many benefits, all without direct payment to IHS.



PERSONAL INFORMATION			
NAME (Last, First, Middle):		Last 4 digits of SS/SI #:	IHS Member #:
Date of Birth (mm/dd/yy):	Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

WORK INFORMATION <span style="float: right;"><input type="checkbox"/> Preferred Address</span>			
Franchise/Company NAME (example: Jones Hearing Services):	Franchise Acct #: <b>Must be completed</b> CF ____ - __	I am... <input type="checkbox"/> Franchise Owner <input type="checkbox"/> Employee (# Offices _____, # Dispensers _____)	
Address line 1:		Business Phone:	
Address line 2:		Business Fax:	
City:	State/Province:	Zip/Postal Code:	Country:
Email (for website listing and IHS contact):		Website:	

HOME INFORMATION <span style="float: right;"><input type="checkbox"/> Preferred Address</span>			
HOME ADDRESS:		Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home	
City:	State/Province:	Zip/Postal Code	Country

IHS ADVOCACY ALLIANCE			
The IHS Advocacy Alliance funds legislative and regulatory efforts on behalf of the membership. To contribute, please check the box that indicates your level of support and fill out the payment information below.			
<input type="checkbox"/> \$100 <input type="checkbox"/> \$75 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25              _____ Other Amount (please specify)			
<input type="checkbox"/> Visa/MC/AmEx/Discover #:		Exp. Date:	CW code:
<input type="checkbox"/> Check # (payable to IHS):	Advocacy Amount:	Credit Card Authorized Signature:	
PROMO CODE (optional):	<b>By submitting this membership app, you are affirming that you agree to abide by the Bylaws and the Code of Ethics of the International Hearing Society.</b>		

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please complete this form and fax or mail to IHS.  
You will receive a new member welcome kit in approximately three weeks.**