


## Miracle-Ear Corporate Membership Renewal Form


 The Miracle-Ear corporate membership program creates a collaborative forum for professionals within the Miracle-Ear community to become and remain active members of IHS and to take advantage of the many benefits. **Membership renewal is not automatic. In order to renew your annual IHS Professional Membership, you must opt in every year.** Please complete this 2019 renewal form today and return to IHS via mail or fax as noted at the bottom of this page.

### 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 Preferred Address

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 Preferred Address

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.

\$100   
  \$75   
  \$50   
  \$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:

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

**By renewing your IHS membership, you are affirming that you agree to abide by the Bylaws and the Code of Ethics of the International Hearing Society.**

**Please complete this form and fax or mail to IHS. You will receive a renewal packet in approximately two weeks.**