



## Miracle-Ear Membership Activation Form

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<br>Branch: _____ | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | PROMO CODE (optional): |

| WORK INFORMATION  |   | <input type="checkbox"/> Preferred Address |
|---|---|--|
| Franchise/Company NAME (example: Jones Hearing Services): | I am... <input type="checkbox"/> Franchise Owner <input type="checkbox"/> Employee<br>(# Offices _____, # Dispensers _____) |  |
| Franchise Owner NAME ( <b>Must be completed</b> ):        | Franchise Acct # ( <b>Must be completed</b> ): CF _____ - ____  |  |
| 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 |  | <input type="checkbox"/> 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. |                  |                                   |          |
| <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: |          |
| <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.