

**FLORIDA SOCIETY OF HEARING
HEALTHCARE PROFESSIONALS, INC.**

***119 E. PARK AVE. SUITE 2-E
TALLAHASSEE, FL 32301***

2012 ANNUAL DUES INVOICE

(January 1, 2012 - December 31, 2012)

<i>PLEASE SELECT ONE</i>	
Renewal of Membership <input type="checkbox"/>	New Membership <input type="checkbox"/>

Membership Dues for 2012 \$195.00 & FHASPAC Contribution \$50.00 = \$245.00

Membership Dues for 2012 = \$195.00

FHASPAC Contribution _____ (up to \$500.00 per election cycle)

Total _____

Please charge my Credit Card VISA MC *sorry we do not accept Amex.*

Credit Card Number: _____ Exp. Date: ____/____

Sec/V-Code Number: _____

CC Billing Address: _____

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

Business <input type="checkbox"/> Residence <input type="checkbox"/>
First Name: _____ Last Name: _____
HAS License # _____ BC-HIS <input type="checkbox"/> ACA <input type="checkbox"/> CCCA <input type="checkbox"/> AuD <input type="checkbox"/>
Business Name _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number _____
Email Address _____
<u>I DONOT</u> wish to have my Contact Information Published on the FSHHP Website Check Here <input type="checkbox"/>

Any Questions Please Call: Jason D. Winn, Esq., (850)320-6129

**Please Mail to: FSHHP Inc. c/o Jason D. Winn, Esq.
119 East Park Avenue, Suite 2-E
Tallahassee, Florida, 32301**