



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 2020: \$195.00 (discounted price of \$185.00 if received before December 31 of preceding year)

Corporate Membership 2020: 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 2020: \$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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