

**ASSOCIATION OF HEARING INSTRUMENT
PRACTITIONERS OF ONTARIO**

Membership Application

STUDENT MEMBER

\$ 75.00

Paymt: Cheque _____ MC/ Visa/Amex _____ Exp: _____ CVVcode : _____
Credit card only – not credit/debit card)

A. APPLICANT INFORMATION

PLEASE PRINT CLEARLY

LAST NAME FIRST NAME MIDDLE NAME

COMPLETE HOME ADDRESS (Incl. Postal Code)

CELL or HOME PHONE # DATE OF BIRTH (DD/MM/YYYY)

MEMBER CONTACT EMAIL ADDRESS***(mandatory)***

B. EDUCATION

PLEASE INDICATE ANY COLLEGE OR UNIVERSITY EDUCATION AQUIRED OR ATTENDING AT PRESENT. (More than 2 attach separate list)

NAME OF INSTITUTE	PROVINCE (LOCATION)	YEARS COMPLETED	DEGREE	MAJOR SUBJECTS	COMPLETION DATE

C. APPLICANT'S AFFIDAVIT

I hereby make application for membership in the Association of Hearing Instrument Practitioners of Ontario, and if accepted, I will abide by the By-Laws, Policies and Code of Professional Conduct Ethics as established by the Association. I understand that failure to do this may be cause for suspension from the Association.

SIGNATURE

DATE

PLEASE SEND COMPLETED APPLICATION FORM TO:
ASSOCIATION OF HEARING INSTRUMENT PACTITIONERS OF ONTARIO,
55 MARY STREET WEST, SUITE # 211,
LINDSAY, ONTARIO, K9V 5Z6.
FAX # 705-878-4110 or 1-844-688-5583 or EMAIL: office@ahip.ca

PLEASE INCLUDE PAYMENT FOR YOUR MEMBERSHIP DUES. - FAILURE TO COMPLETE THE APPLICATION WILL DELAY PROCESSING
Processing your application may take up to 3 weeks. When the application is approved you will receive notification from AHIP.

THIS SECTION FOR OFFICE USE ONLY- DO NOT WRITE IN THE SPACE BELOW

DATE RECEIVED: _____ APPROVED BY: _____

MOTION DATE: _____ MEMBERSHIP #: _____