LOUISIANA SOCIETY OF HEARING AID SPECIALISTS

NEW MEMBERSHIP APPLICATION 2017-2018

Louisiana Society of Hearing Aid Specialists by –laws, Article II, Section 2:
“Regular members shall be any individual licensed by the State of Louisiana Board for Hearing Aid Dealers, or any person who is duly licensed and qualified to dispense hearing aids in Louisiana. Such member shall have one vote.”

Name: ____________________________________________________________

Title: Hearing Aid Specialist  Audiologist  Physician  Other ________________

License#: ____________________________ Organization/State: ________________

License#: ____________________________ Organization/State: ________________

License#: ____________________________ Organization/State: ________________

Company: _______________________________________________________________________

Address: _______________________________________________________________________

________________________________________________________________________________

Telephone #: ____________________________ Fax# ________________________________

Length of time license has been on display at the above address: ________________________________

Employment Status: Full Time  Part Time  Owner

Home Address: _______________________________________________________________________

________________________________________________________________________________

Telephone #: ____________________________ Cell # ________________________________

E-Mail Address _______________________________________________________________________

Where would you like correspondence sent? (Please check)  □ Home  □ Business