THAA
The Voice of Texas Hearing Instrument Professionals

Annual Membership Form

Thank you for your interest in becoming a member. Please complete the information below and either mail this application to 3305 Steck Ave., Ste. 200, Austin, TX 78757, or email it to info@texashearingaids.org. An invoice will be emailed to the main contact.

First Name: _____ **Last Name:** _____

Email Address: _____

Member Type (Check One): ☐ Regular ($230) ☐ Owner, Single Dispenser ($230)

☐ Owner, Multiple Dispensers ($515) ☐ Owner, Spousal ($775)

Organization Name: _____

Organization Mailing Address: _____

_____

City State Zip

License or Permit (Check One):

☐ Licensed Apprentice Under Chapter 402 ☐ Licensed Audiologist Under Chapter 401

☐ Licensed Dispenser Under Chapter 402 ☐ Temporary Permit Holder Under Chapter 402

License Number: _____ **License Expiration:** _____

Address (Preferred, if different from organization address above):

_____

_____

City State Zip

Additional Members (if Owner, Multiple Dispensers or Owner, Spousal member type is selected)

Name: _____ **Email:** _____

Name: _____ **Email:** _____

Name: _____ **Email:** _____

You will be notified by email when your application has been processed and your membership activated. If you have any questions, please contact the THAA staff at info@texashearingaids.org or 737-637-1500.

Texas Hearing Aid Association
3305 Steck Ave., Ste. 200, Austin, TX 78757
737-637-1500 | info@texashearingaids.org