



HIPSBC Membership Application

Return to: Hearing Instrument Practitioners Society of BC

Hearing Instrument Practitioners Society of British Columbia

Renew or Join On-line at www.HIPSBC.ca

5205 Cecil Ridge Place, Chilliwack BC V2R 6A1

Questions call: 604-719-7387 or HIPSBCvictoria@gmail.com

Join or renew for only \$100 for membership with HIPSBC! IHS & CHIPS membership no longer included. !

Please select your Member Type:

Annual Dues Investment:

- Professional \$100
Associate/Affiliate \$50
Student \$25
Corporate \$90

PERSONAL INFORMATION

NAME (Last, First, Middle): Date of Birth (mm/dd/yy): Last 4 digits of SIN #: Gender: Male Female

BUSINESS INFORMATION

Preferred address for mail? Do you train apprentices? Yes No
COMPANY NAME: I am ... Employee Business Owner
Address line 1: Business Phone:
City: Postal Code: Province/Country:
Email (for listing): Website:

HOME INFORMATION

Preferred address for mail? Home Email:
HOME ADDRESS: Home Phone:
City: Postal Code: Province/Country:

PROFESSIONAL / EDUCATION INFORMATION

I am licensed to dispense hearing instruments in the following provinces/countries:
Professional Credentials attained: AuD BC-HIS
Education Level: HS Some College/Trade College/Grad (Inst, Degree):
I began dispensing hearing instruments in (year):

PAYMENT METHOD

One Payment of \$100 \$50 \$25 \$(corporate)
Exact Name on Card:
Visa or Master Card or Credit Card # Exp. Date: CVS# on back of card:
Check(s), (payable to HIPSBC): one payment Amount: Exact Name on Card & Credit Card Authorized Signature:

All memberships run until 12/31/2021. You agree to abide by the Bylaws and Code of Ethics of HIPSBC. You are providing your express consent that HIPSBC may retain your information in our database and other data systems, and that we may contact you via any of the contact information you provided, including but not limited to email, postal mail, or phone. Our members may also be contacted by third parties or other affiliated partners from time to time.

Signature: _____ Date: _____

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