

Application Form for Hearing International Membership

(Please Type or Print)

Date: _____

Circle: Mr. Miss Ms. Mrs. Dr.

First Name: _____

State: _____

Last Name: _____

Country: _____

Name of Institution: _____

Zip code: _____

Department Name: _____

Telephone: _____

Mailing Address: _____

Fax: _____

City: _____

Email Address: _____

Please choose one of the following membership levels:

**Annual Fee*

- | | |
|--|--|
| <input type="checkbox"/> Individual Membership
\$50.00 (US)
o Number of Newsletters (1) | <input type="checkbox"/> International Membership
\$500.00 (US)
o Number of Newsletters (30) |
| <input type="checkbox"/> Group Membership
\$200.00 (US)
o Number of Newsletters (20) | <input type="checkbox"/> Sponsors and Patrons
\$5,000.00 (US)
o Number of Newsletters (50) |
| <input type="checkbox"/> Institutional Membership
\$300.00 (US)
o Number of Newsletters (According to the request) | <input type="checkbox"/> Life Membership
\$500.00 (US)
o Number of Newsletters (3) |

Newsletter

- 10 Additional Copies - \$20.00 (US)

Enclosed is my payment of \$_____ to **Hearing International** for the 2006-07 Membership dues by:

Wire Transfer:

Bank info: 1st Bank of Colorado
Wire #: 107005047
Address: 10403 W. Colfax Avenue
Lakewood, CO 80215
USA

Cashiers Check:

Hearing International
University of Colorado Health Sciences Center
Department of Otolaryngology
4200 East 9th Avenue B205, SOM 1812
Denver, CO 80262
USA

Hearing International ▪ Marion Downs Hearing Center ▪ 1793 Quentin, Unit 2 ▪ Aurora, CO 80045 USA
Email: Hearing.International@uchsc.edu ▪ Phone: (720)848-2970 ▪ Fax: (720)848-2976