

**The Hearing Health Care Alliance of New York, Inc.**

**2025 MEMBERSHIP APPLICATION**

January 1, 2025, through December 31, 2025

**DISPENSING MEMBER:** Full Voting Membership in the *Hearing HealthCare Alliance of New York, Inc.* is open to all individuals who are actively registered as a **Hearing Aid Dispenser** by New York State, **DISPENSING MEMBER EMERITUS:** individuals who have been a dispensing member of **HHCANY, INC.** for at least ten of the last fifteen years, but are no longer actively engaged in dispensing hearing aids, **ASSOCIATE MEMBER:** Non-Voting persons, organizations or businesses which do not directly engage in the dispensing of hearing aids but are involved in the hearing instrument industry or related hearing health care services or organizations and, **STUDENT MEMBER:** Persons holding a one-year **NYS Trainee Registration** or are registered in an audiology program in **NYS**.

**--PLEASE COMPLETE - PAGE 1 and PAGE 2 - WITH YOUR CURRENT MEMBERSHIP INFORMATION--**

**NAME:** \_\_\_\_\_ **BADGE-FIRST NAME** \_\_\_\_\_  
(Active Dispensers) **\*\*NYS Registration #140000** \_\_\_\_\_ **\*\*Expiration Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Dispensing since: \_\_\_\_\_ Member of *HHCANY* since: \_\_\_\_\_  
**\*\*Company Name:** \_\_\_\_\_ **Telephone** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**CELL PHONE#:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **\*E-MAIL:** \_\_\_\_\_  
**Type of Membership** **NYS Registration/License(s):**  
**DISPENSING Member:** \_\_\_\_\_ **Dispenser:** \_\_\_\_ **Audiologist:** \_\_\_\_ **Other:** \_\_\_\_\_  
**DISPENSING MEMBER EMERITUS** \_\_\_\_\_  
**STUDENT Member:** \_\_\_\_\_ **\*\*Supervising Dispenser:** \_\_\_\_\_  
**ASSOCIATE Member:** \_\_\_\_\_ **\*\*Service or Product:** \_\_\_\_\_  
**Other Association Memberships:**  
Member of: **IHS**\_\_\_\_ **NYSHLA**\_\_\_\_ **AAA**\_\_\_\_ **ASHA**\_\_\_\_ **ADA**\_\_\_\_ **Other:** \_\_\_\_\_  
**Professional Degrees or Certifications:**  
**I Hold:** **M.S.**\_\_\_\_ **M.A.**\_\_\_\_ **Ph.D.**\_\_\_\_ **Au. D**\_\_\_\_ **Other:** \_\_\_\_\_  
**BC-HIS**\_\_\_\_ (**SS#**\_\_\_\_) **ACA**\_\_\_\_ **CCC-A**\_\_\_\_ **Other:** \_\_\_\_\_  
**Other NYS Licenses/Registrations:** \_\_\_\_\_ **Other States:** \_\_\_\_\_  
**Do You Need CE Credits for:** **NBC-HIS/IIHIS:** \_\_\_\_ **ASHA:** \_\_\_\_ **AAA:** \_\_\_\_ **Other:** \_\_\_\_\_

**\*I wish my Name on my Membership Certificate to read as follows:**

(Please print and include degree and accreditation, if desired)

**2025 HHCANY Membership Dues and Voluntary Contributions**

**\*HHCANY NEW MEMBERS and Renewing 2024 HHCANY Members**

**I am Enclosing Payment of :**

**\$300.00** for my 2025 Dispensing Member *HHCANY* Dues: \$ \_\_\_\_\_  
**\$50.00** for my 2025 Dispensing Emeritus *HHCANY* Dues: \$ \_\_\_\_\_  
**\$150.00** for my 2025 Associate Member *HHCANY* Dues: \$ \_\_\_\_\_  
**\$50.00** for my 2025 Student Member *HHCANY* Dues: \$ \_\_\_\_\_

**I wish to make a voluntary Contribution to:**

The *HHCANY* Political Action Committee (*HHCANY* PAC) of: \$ \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED:**

\$ \_\_\_\_\_

Please complete this form and return it with payment by check (payable to *HHCANY, Inc.*) to:

**Hearing HealthCare Alliance of New York, Inc.**

**130 Washington Avenue 3<sup>rd</sup> Fl. N., Suite A, Albany, NY 12210**

**Phone: (518) 949-7121 / Email: [hccany@hccany.org](mailto:hccany@hccany.org)**

**APPLICATION.** Application for membership to **HHCANY, INC.** shall be made to the administrator subject to such qualifications as set forth in Section 3.01 and/or such other qualifications as have been established by the Board of Directors. Information in red on the **2025 Application Page 1** is required and will be used as verification.

**DISPENSING MEMBER** A Dispensing Member (also known as a “Hearing Aid Dispenser” and/or “Dispensing Audiologist”) is any individual engaged in the fitting, renting, selling and/or servicing of hearing instruments, hearing amplification devices, and/or accessories to the public. Such individual must be registered as a hearing aid dispenser with the State of New York pursuant to Article 37A of the General Business Law of the State of New York, or such other applicable statutes or regulations of the State of New York as may be enacted or may be in force governing the dispensing of hearing instruments in the State of New York.

**Application for membership as a Dispensing Member** must include evidence of an active registration with the New York State Secretary of State pursuant to Article 37A of the General Business Law (ID Number and Exp Date) and identify the entity or business through which said individual is dispensing.

**DISPENSING MEMBER EMERITUS.** A Dispensing Member Emeritus is an individual who has been a dispensing member of **HHCANY, INC.** for at least ten of the last fifteen years, but is no longer eligible for dispensing membership as defined in Section 3.01a because the individual is no longer actively engaged in dispensing hearing aids.

**Application for membership as a Dispensing Member Emeritus** must include evidence of prior membership in **HHCANY**, and a **statement from the applicant stating: I AM NO LONGER ACTIVELY ENGAGED IN DISPENSING HEARING AIDS**

Signed

Date

**ASSOCIATE MEMBER.** An Associate Member may be any individual, corporation, firm, business, or other legal entity who is not a registered hearing aid dispenser but is involved directly or indirectly in the hearing instrument industry or in the providing of related hearing health care services or products. An individual, corporation, firm, business, or other legal entity that is not a registered hearing aid dispenser but is solely involved in the sale of over-the-counter hearing aids, as such devices are defined in the regulations of the U.S. Food and Drug Administration, does not qualify for Associate Membership. Associate members shall not be eligible to vote, serve on the Board of Directors or hold office. They shall be eligible, however, to serve on committees, attend the annual meeting, and participate in other activities of the organization.

**Application for membership as an Associate Member** must include a statement from the applicant stating the following: **“I am active, through my business or profession, in the hearing instrument industry or in providing related hearing health care services or products. My business or profession is:**

**STUDENT MEMBER.** A Student Member may be any individual who is either a registered trainee pursuant to Article 37A of the General Business Law of the State of New York or a student currently registered in an Audiology program in New York State. Student members shall be eligible to attend the annual meeting and participate in other activities of the organization, but shall not be eligible to vote, serve on the Board of Directors or hold office. Upon successful completion of training and New York State registration and licensing examinations, the Student Member will no longer be eligible for student membership but will be eligible for Dispensing Membership.

**Application for membership as a Student Member** must include evidence of registration (ID# and Exp Date) as a trainee (Supervising Dispenser) with the New York State Secretary of State pursuant to Article 37A of the General Business Law; or for any student enrolled in an audiology program as provided by Section 3.02.d, stating the name of the program and the college or university attended by the student, and a student ID number,