

Hearing Aid Society of Nova Scotia

www.nshearing.ca

APPLICATION FOR MEMBERSHIP

NOTE: Completed application form to be sent to the Secretary of the Society.
Membership in this Society brings the dedicated Hearing Instrument Specialist new opportunities for services to the hearing impaired. You are joining your mind and efforts with many others since 1967 that have extended their relations with their clients as individuals beyond the borders of commercial interest and into the richly-rewarding area of true service to their fellow human being. As a member you are contributing to the future of our profession within the province.

I. GENERAL INFORMATION

1. Name _____
Last First Middle

2. Date of Birth _____
mm/dd/yyyy

3. Name as you wish it to appear in the Society Roster:

I. Name & Complete Address of Employment:

Email Address: _____

4. Complete Home Address:

5. State any other names used, now or formerly (i.e. nicknames, maiden name, etc.):

6. Home Telephone: _____ Firm Telephone: _____

II. EMPLOYMENT

	Name & Complete Address of Employer	Dates of Employment	Type of Work	Name & Title of Supervisor
1				
2				
3				
4				
5				

ADDITIONAL DETAILS:

III. MISCELLANEOUS

1. Have you ever been convicted of a criminal offense for which you have not received a Pardon? (Do not include anything prior to your 16th birthday).

Yes

No

2. If the answer to question 1 was “Yes”, please give date, place, details and disposition of each charge on a separate sheet attached to your application.
3. Without the acknowledgement of any criminal offences, please enclose a current criminal record check to this effect.

IV. AFFILIATIONS

List below the names of professional, technical, civic, and other organizations of which you are now a member of, or of which you have previously been a member.

Name of Organization Past or Present Office Held Memberships Past & Present

VI. QUALIFICATIONS

1. Length of experience in fitting and selling hearing aids _____years, _____months.
2. Applicant is under the supervision of:

(Name of supervisor)

Supervisor must be a certified member of the Hearing Aid Society of Nova Scotia.

VI. INTERNATIONAL HEARING AID SOCIETY COURSE

Date of passing the International Licensing Examination (ILE) (mandatory before acceptance as a HASNS member):

_____ (please attach confirmation)
mm/dd/yyyy

VII. SOCIETY MEMBERS' RECOMMENDATIONS

SIGNATURES OF SOCIETY MEMBERS (At least 2 required, NOT in same company nor a spouse or relative of the applicant) vouching for the Applicant who is expected to abide by and uphold the By-Laws and Code of Ethics of the HASNS.

“I hereby attest that, in my opinion, the applicant whose name appears on this application is competent to make the required hearing aid selection, to take the ear impression, and to adjust the hearing aid and earpiece so that they satisfactorily carry out their functions.”

Signed

Name of Company

Date

VIII. APPLICANT'S AFFIDAVIT

I do hereby affirm that all statements made herewith are true and correct to the best of my knowledge and belief. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for membership.

I agree that when this application is accepted, I will abide by the By-Laws of this Society, by all regulations and policies established by the Board of Directors and the Code of Ethics of the Hearing Aid Society of Nova Scotia. I understand that failure to do this may be cause for termination of my membership.

I shall conduct my business affairs fairly and equitably and be guided by principles of client satisfaction.

- I hereby apply for a one year membership in the Nova Scotia Hearing Aid Society and enclosed is the membership fee of \$125.00.
- I hereby apply for a one year amalgamated membership with IHS/CHIPS&HASNS and enclosed is the membership fee of \$350.00
- I hereby apply for a student membership with HASNS and enclosed is the membership fee of \$60.00

Signature Date

Make cheque payable to: Hearing Aid Society of Nova Scotia

IX. EXECUTIVE ACTION (office use only)

PEROCESSSED BY THE EXECUTIVE ON THE ____ DAY OF _____ 20__.

APPROVED REJECTED

(Signature of President or Designate) (Witness)

(Date)

Applicant was notified of the decision of the Executive on _____
By the President. (Date)

UPON COMPLETION PLEASE FORWARD APPLICATION
TO - hasns.secretary@gmail.com