

Hearing Health Care Alliance of New York, Inc.

2026 Membership Application

Membership Term: January 1, 2026 — December 31, 2026

Online Forms and Credit Card Payments Accepted at www.hhcany.org

Membership Categories (See full descriptions on page 2)

Dispensing Member (Full Voting) – For individuals registered as a Hearing Aid Dispenser in NYS.

Dispensing Member Emeritus – For those who were Dispensing Members 10 of the last 15 years and no longer dispense.

Associate Member (Non-Voting) – For persons or organizations in the hearing industry but not dispensing.

Student Member – For those holding a one-year NYS Trainee Registration or enrolled in a NYS audiology program.

Member Information (Please complete all fields)

Full Name: _____ Badge First Name: _____

NYS Dispensing Registration #: 1400000-_____ Expiration Date: ____ / ____ / ____

Company: _____ Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

Email: _____ Cell Phone: _____

Member Certificate Name

Please print as you wish it to appear on your certificate: _____

Type of Membership

____ Dispensing Member ____ Dispensing Audiologist ____ Dispensing Member Emeritus

____ Student Member - Supervising Dispenser: _____

____ Associate Member - Service/Product: _____

Degrees & Certifications

____ M.S. ____ M.A. ____ Ph.D. ____ Au.D. ____ Other: _____

____ BC-HIS (SS# _ _ _) ____ ACA ____ CCC-A ____ Other: _____

Other NYS Licenses/Regs: _____ Other States: _____

Need CE Credits for: ____ NBC-HIS/IHS ____ ASHA ____ AAA ____ Other: _____

2026 Dues and Voluntary Contributions

Membership Type	Dues	Amount Enclosed
Dispensing Member	\$300	_____
Dispensing Member Emeritus	\$50	_____
Associate Member	\$150	_____
Student Member	\$50	_____
Voluntary HHCANY PAC Contribution		_____

TOTAL AMOUNT ENCLOSED: _____

Payment Instructions

Please make checks payable to HHCANY, Inc. and mail with this completed form to:

HHCANY, 130 Washington Ave., 3rd Floor North, Ste. A, Albany, NY 12210

Email: hhcany@hhcany.org Phone: 518.949.7121

THANK YOU FOR YOUR MEMBERSHIP!

Membership Categories

- **Dispensing Member:** Must be actively registered as a hearing aid dispenser in New York State. Submit proof of registration (ID number and expiration date) and indicate your dispensing business or entity.
- **Dispensing Member Emeritus:** Open to former Dispensing Members who held membership for at least 10 of the past 15 years but are no longer practicing. Provide documentation of past membership and a signed statement confirming you are no longer dispensing.
- **Associate Member:** For individuals or businesses involved in the hearing instrument industry (but not registered dispensers). Exclusive sellers of FDA-defined OTC hearing aids are excluded. Include a statement describing your industry role. Associate Members may not vote or serve on the Board but can join committees and attend events.
- **Student Member:** Open to registered trainees or students in New York audiology programs. Provide student or trainee ID, expiration date, and program/institution details. Student Members may attend events but cannot vote or serve on the Board. Eligible for Dispensing Membership after completing training and licensure.

Who Are Your Legislators?

HHCANY's lobbyist, Todd Vandervort from The Vandervort Group, LLC, represents our interests in Albany. Please provide the names of your New York State Senators and Assemblymembers for both your home and work addresses, so he can identify their constituents. If you're unsure who your legislators are, please use the links below to look them up.

Where You Live: NYS Senator: _____ NYS Assemblymember: _____

Where You Work: NYS Senator: _____ NYS Assemblymember: _____

Find Your Legislators: <https://www.nysenate.gov/find-my-senator>

<https://nyassembly.gov/mem/search>

HHCANY Committees

HHCANY invites its members to participate in and join our committees. Your input is extremely important to help us improve our services. We need participation from every segment of our profession and industry, welcoming hearing aid dispensers, audiologists, ENT specialists, and related business owners to ensure collaborative representation and diverse perspectives.

Please circle which committee(s) you are interested in joining.

Membership Committee: The purpose of the Membership Committee is to develop and recommend strategies for attracting new members, identifying potential membership benefits, and suggesting ways to retain existing members through communication, organizing events, and addressing member needs to strengthen their connection to HHCANY. A strong membership base is critical to the overall success of our organization.

Legislative Committee: This committee will play a vital role in evaluating proposed legislation, recommending policy positions, and prioritizing bills that affect our organization, our businesses, and our profession. HHCANY's lobbyist will provide you with bill text, sponsors memos, and a brief summary of the provisions of bills that are under consideration in Albany. Committee members will review and comment on the bills and briefly describe why we should support, oppose, or remain neutral on identified legislation.

Conference Committee: Members of this committee are responsible for planning and organizing the association's annual conference and trade show events. General areas in need of support include developing the conference agenda and programming, which includes speakers and instructors, exhibitor recruitment, helping with registration/check-in, and identifying possible networking events, social activities, and special sessions to enhance participant engagement.

SAVE THE DATE: HHCANY's 2026 Conference and Trade Show!

Earn 11.5 hours of CEU credits in 1.5 days

Live, In-Person Instruction

May 4 and 5, 2026

Saratoga Hilton in Saratoga, NY