



## MEMBERSHIP APPLICATION

For year September \_\_\_\_\_ to August \_\_\_\_\_

Name	
Address	
E-mail	
Employer	
Work Address	
Work phone	
Home	
Cell	

Dues are \$50 per membership year.

Make check payable to Association of Hearing Representatives of California or AHRC.

Mailing address: 2917 Shamrock Avenue, Brea, CA 92821 or email [Moniquedubose@msn.com](mailto:Moniquedubose@msn.com)

Lunch meetings are normally the third Friday of the month from September to June.

Please let us know your interest in serving on the executive board!

Check one:

\_\_\_\_\_ New member

\_\_\_\_\_ Returning member