



Free Hearing Choice Membership Application – Fax

Fax to 831-449-1661

A membership card will be sent to you within five working days.

Date: _____

Name: _____

ADDRESS:

City: _____ State: _____ Zip: _____

Please circle and fill in your best answer:

- Hrg Loss: Yes / No
- Type: Conductive - Sensorineural - Mixed Hearing Loss
- How long have you had a hearing Loss: 1-3yrs / 4-6yrs / 7-10 years / Greater than 10 yrs.
- Do you wear hearing aids: Yes / No
- Hearing Aid Brand: _____
- Happy with current Provider: Yes / No
- Looking for a New Provider: Yes / No