

Membership Application

Member Information

First Name:	MI:	Last Name:	Degree:
Business Name:			
Business Mailing Address:			
City:	State:	Zip Code:	
Business Phone:		Business Fax:	
Business Email:		Business Website URL:	
Home Mailing Address:			
City:	State:	Zip Code:	
Preferred Primary Address: Home <input type="checkbox"/> Business <input type="checkbox"/>		Home Phone:	

Required Credentials

Referred by:

YES, I agree to abide by the ADA Code of Ethics.

Fellow	Associate (complete as applicable)	Student
License #:	License #:	Au.D School:
License State:	License State:	Expected Graduation Date:
Au.D. School:	Graduate School:	
Graduation Date:	Graduation Date:	

By my signature, I certify that the above information regarding my professional credentials is true:

Signature: _____ Date: _____

Employment

Business Setting: Private Practice ENT Office Hospital/Clinic Educator School System
 Community Agency Government Hearing Industry Consultant Retired Other

Number of years employed? _____ Are you the business owner? Yes No

Membership Communication Benefits

By applying for ADA membership, you agree to accept postal mail, electronic mail, telephone calls, facsimiles and other communications from ADA unless you notify us in writing that you do not wish to receive such communications.

You also agree to have \$25 of your annual membership dues in ADA (all non-student members) to be applied toward a one-year subscription to *Audiology Practices*. Issued quarterly.

By joining ADA you will automatically receive a business listing in the online ADA Membership Directory and in the online consumer tool, "Find-an-Audiologist." Check here if you do **not** wish to take advantage of this member benefit:

ADA occasionally provides member contact information to industry firms supplying products and services to audiologists.

Check here if you do **not** wish to take advantage of this member benefit:

ADA provides an opportunity for members to list multiple practice locations in the ADA Online Membership Directory at a charge of **\$25 per additional practice listing**. To purchase additional listings, log into your ADA account on the ADA Website, www.audiologist.org.

Payment Information

Amount (per calendar year): \$300 Fellow \$260 Associate \$25 Student \$150 or \$240 Graduated \$500 Lifetime

FREE Trial Membership (Six month only)

Check (enclosed) American Express MasterCard Visa Discover

Name as it Appears on Credit Card (Please print):

Credit card #: _____ Expiration Date: _____

Signature: _____

Credit Card Billing Address (if different from above)