

# Massachusetts Academy of Audiology Membership/Renewal Form

## Member Information

Renewal: \_\_\_\_\_ New Member: \_\_\_\_\_

If you are renewing your membership, please enter your name and only the information that has changed.

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_ Degree \_\_\_\_\_

Business Name: \_\_\_\_\_

Primary Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Business E-Mail \_\_\_\_\_

Home Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Membership to MAA will provide a listing in the on-line Membership Directory and the online consumer "Find-an-audiologist" feature. Check here if you do not wish to take advantage of this member benefit. \_\_\_\_\_

## Employment

What is your primary work function?

Clinical service provider \_\_\_\_\_ Researcher \_\_\_\_\_ Director \_\_\_\_\_

Instructor/Professor \_\_\_\_\_ Other \_\_\_\_\_

What is your primary employment setting?

Clinic \_\_\_\_\_ Hospital \_\_\_\_\_ Private Practice \_\_\_\_\_

ENT/Physician Practice \_\_\_\_\_ University \_\_\_\_\_ Manufacturer \_\_\_\_\_

V.A./Military \_\_\_\_\_ School \_\_\_\_\_ Retired \_\_\_\_\_ Other \_\_\_\_\_

**Areas of Professional Specialty**

Diagnostic Audiology\_\_\_\_ HA dispensing\_\_\_\_ ALDs\_\_\_\_ CAPD\_\_\_\_  
Cochlear Implants\_\_\_\_ Pediatric Audiology\_\_\_\_ Evoked Potentials\_\_\_\_  
Aural Rehab\_\_\_\_ Educational Audiology\_\_\_\_  
Vestibular Assessment/Rehab\_\_\_\_\_

**Committees**

Are you interested in serving as a volunteer for MAA? \_\_\_\_\_

Please check the committees you are interested in joining.

Membership\_\_\_\_ Conference\_\_\_\_ Legislation\_\_\_\_ Reimbursement\_\_\_\_  
Public Awareness\_\_\_\_\_

Please list topics of interest for continuing education \_\_\_\_\_

Required Documentation to submit with application: (please refer to membership information page for types of membership and requirements)

Types of Membership:

\_\_\_\_ Fellow- MA License# \_\_\_\_\_  
\_\_\_\_ Associate- MA License # \_\_\_\_\_  
\_\_\_\_ Student- Enclose proof of enrollment in Audiology Au.D./ Ph.D. program

Application Fee: \$25 (New members only)  
Annual Dues:

\_\_\_\_ \$100 Fellow      \_\_\_\_\_ \$75 Associate      \_\_\_\_\_ \$50 Student

Please make checks payable to: Massachusetts Academy of Audiology  
Mail to:  
Massachusetts Academy of Audiology  
P.O. Box 513,  
North Easton, MA 02356

I agree to adhere to the Code of Ethics of the Massachusetts Academy of Audiology.

\_\_\_\_\_  
Member signature

\_\_\_\_\_  
Date