

**2019-2020 Membership Application Information**

The Massachusetts Academy of Audiology is a non-profit, professional organization of individuals dedicated to providing expert hearing health care to the public. We enhance the ability of our members to achieve career and practice objectives through professional advocacy and development, education, and research, as well as increased public awareness of hearing and balance disorders and audiological services.

**Academy Membership**

**The membership year is July 1st to June 30th.**

**New Academy members joining any time prior to July 1, 2019, will be members until June 30, 2020. Membership to MAA offers a listing in the online consumer "find-an-audiologist" feature and allows** **access to members-only content and forum on the MAA website.**

The Academy and its Board of Directors does not discriminate against any person on the basis of race, color, ethnic ancestry, national origin, religion, creed, age, gender, sexual orientation, marital status, medical condition or physical disability.

**Fellows: Full membership as a Fellow is open to all audiologists who hold one of the following:**

* A Master’s degree or Doctoral in Audiology from a regionally accredited institution of higher learning and are licensed in Massachusetts to practice Audiology.
* American Board of Audiology Certification (ABA)
* A Fellow of the American Academy of Audiology (F-AAA)

**Student Members**: The Massachusetts Academy of Audiology grants Student membership to students enrolled in regionally accredited universities pursuing a doctoral degree in audiology. Upon graduation and after receiving state licensure, the student becomes eligible for membership as a Fellow. Student members hold all rights and obligations as Fellow membership; however, they are unable to vote or hold office.

**Associate Members**: Associate membership is open to audiologists who are retired or individuals who hold a master’s or doctoral degree in hearing science or audiology and is not otherwise eligible for Fellow membership. Associate members hold all rights and obligations as Fellows but are not allowed to vote or hold office. This membership is open to all VA Audiologists who practice in MA but hold licenses in a different state.

**Annual Dues**: **Fellow $100 Associate Member $75 Student $50**

**2019-2020 Membership Application**

**Name:** ❏ **Dr.** ❏ **Mr.** ❏ **Ms. Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_\_\_Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address:**

**Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 \*Important to include, bulk of correspondence will be via email.

**Business Address:**

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

**Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Mailing Address** ❏ **Home** ❏ **Business**

**Business Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Required documentation to submit with application:**

❏ **Fellow -** Copy of Current MA Audiology License License #

❏ **Associate Members** – Copy of Diploma for Master’s or Doctoral Degree.

❏ **Student** – Enclose proof of current enrollment in Au.D./Ph.D. Audiology program

**Fees: Annual Dues**

Checks Payable to:

 ***Massachusetts Academy of Audiology***

 ***P. O. Box 320649***

  ***Boston, MA 02132***

**Fellow $100**

**Associate Member $75**

**Student $50 \*First Time Membership? *50%* off all fees!**

**Lobbying Donation**

**Total $\_\_\_\_\_**