

UNDERGRADUATE ASSOCIATE Member Application

An Undergraduate Associate member is one who is enrolled in an undergraduate program at an accredited institution for higher learning. Undergraduate Associate members may not vote or hold office, but shall receive all Academy publications and materials and are entitled to all other benefits of membership. Undergraduate Associate members must have an active interest in the field of audiology. Undergraduate Associate membership will terminate upon graduation with a Bachelor's degree or disenrollment from an undergraduate program.

Personal Information

This information will appear in our online membership directory. **Please type or print clearly.**

Mr. Ms.

For Office Use Only

Cert Card _____

FIRST NAME _____ M.I. _____ LAST NAME _____

ADDRESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

TELEPHONE _____ E-MAIL _____ BIRTH DATE (MM/DD/YY) _____

Enrollment Information

If you have a graduate degree in audiology, use the Fellow (Doctoral Candidate) application.

EXPECTED DEGREE _____ INSTITUTION AND LOCATION _____ MAJOR _____ EXPECTED GRADUATION DATE _____

In order to apply as an Undergraduate Associate member, please obtain support from a faculty member at your school willing to verify you are currently enrolled in an undergraduate program. Have the faculty member email a statement of verification to membership@audiology.org.

By joining the Academy, Undergraduate Associate members agree to uphold the professional reputation of the American Academy of Audiology and the Student Academy of Audiology

Signature _____ Date _____

Mail:
American Academy of Audiology
11480 Commerce Park Dr.
#220
Reston, VA 20191

Web site:
www.audiology.org

Fax:
703-790-8631

Questions?
Contact the membership department at
703-790-8466 or membership@audiology.org.

Fees

Membership Dues

UNDERGRADUATE ASSOCIATE \$ _____
MEMBER TYPE AMOUNT DUE

JAAA Opt-in to Print (access to JAAA online included with dues) \$75

TOTAL ENCLOSED (USD) \$ _____

Membership dues and application fees are subject to change annually and are nonrefundable.

Payment Information

Payment Method

Check enclosed payable to American Academy of Audiology Inc.

Visa MasterCard American Express Discover

Card Holders Name _____

Credit Card Number _____

Expiration Date _____

