



## National Student Academy of Audiology (SAA) Chapter Application

Student Academy of Audiology (SAA) chapters are nationally recognized by the Student Academy of Audiology (SAA), the national student organization of the American Academy of Audiology.

As a nationally recognized SAA Chapter, many benefits and opportunities are created for audiology students and chapter members. These opportunities include peer-to-peer networking, educational opportunities, and more. **Additionally, only nationally recognized SAA chapters may use the name "Student Academy of Audiology" and be provided with an SAA-designed chapter logo. The SAA will provide chapters with their logo (chapters cannot create their own logos).**

Local SAA chapter members are also eligible for national SAA membership, which offers additional individual benefits and services to support audiology students in their journey to becoming an audiologist. Learn more by visiting the [national SAA website](#).

### **SAA Chapter Application - Instructions:**

**Complete the national SAA Chapter Application (next two pages):**

- All information must be completed for your national SAA chapter application to be processed.
- Keep copies for your records.
- Type or print all information legibly.

**Submit the following information:**

- \_\_\_ Completed SAA Chapter contact information [Page 1 of application]
- \_\_\_ Completed SAA Chapter Advisor information [Page 2 of application]
- \_\_\_ Copy of SAA Chapter Bylaws
- \_\_\_ Signed National SAA Chapter Agreement

**Email completed documents to:** [saa@audiology.org](mailto:saa@audiology.org)

**Questions?**

Contact: Rachael Sifuentes, MA, CAE, Senior Director of Membership and SAA  
[rsifuentes@audiology.org](mailto:rsifuentes@audiology.org)

## SAA Chapter Application: Page 1 - Chapter Information

We request that \_\_\_\_\_  
[insert university name] SAA Chapter be nationally recognized by national SAA and the American Academy of Audiology and granted use of the name, "Student Academy of Audiology".

### Complete the following items:

1. As required by national SAA, the chapter has been approved by:

\_\_\_\_\_  
[Insert name of specific university office granting approval to operate on campus.]

\_\_\_\_\_  
Signature of Presiding Chapter Officer\*  
\*(President or Acting President)

\_\_\_\_\_  
Date

.....

### Complete the following information – type or print legibly:

Presiding SAA Chapter officer's name: \_\_\_\_\_

Presiding SAA Chapter officer's national SAA Academy ID: \_\_\_\_\_

Presiding SAA Chapter officer's anticipated month and year of graduation: \_\_\_\_\_

Presiding SAA Chapter officer's email address: \_\_\_\_\_

Presiding SAA Chapter officer's phone number (with area code): ( \_\_\_\_ ) \_\_\_\_ – \_\_\_\_

University's name: \_\_\_\_\_

Department's name: \_\_\_\_\_

Your chapter's mailing address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## SAA Chapter Application: Page 2 - Faculty Advisor Information

I attest as the SAA Chapter Advisor for the \_\_\_\_\_  
[insert university name] SAA Chapter that the SAA Chapter information provided on Page 1 of this  
application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Faculty Advisor's Signature

\_\_\_\_\_  
Date

.....  
**Complete the following information – type or print legibly:**

SAA Chapter Advisor's name and degree: \_\_\_\_\_

SAA Chapter Advisor's title: \_\_\_\_\_

SAA Chapter Advisor's email address: \_\_\_\_\_

SAA Chapter Advisor's phone number (with area code): ( \_\_\_\_ ) \_\_\_\_ – \_\_\_\_

University's name: \_\_\_\_\_

Department's name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_