## American Auditory Society Membership Application Form

(Please Type or Print Neatly)

Name				Date	
Home Address			City	City	
State (Prov)	e (Prov) Zip (PC)		Phone		
Professional Address					
City	State (Prov)		_ Zip (PC)	Country	
Phone	e Fax		E-Mail		
PREFERRED mailing address: Home: Professional:					
This application is for: <ul> <li>Regular Membership</li> <li>Associate Membership</li> </ul>			Audiology	ea (Rank order up to two): Hearing Industry ce Otolaryngology	
Please complete the following: Institution Location				Degree/Year	
Renewals due by January 1.         \$10 late fee applies after that date.         This Membership Application is for         (Check appropriate box)					
Year	Regular	Associate	When Complete	Potum to:	
2008(1 year)2009(2 years)2010(3 years)	<b>\$55</b> □ \$110 □ \$165 □	<b>\$55</b> \$110 \$165	When Complete           Wayne J. Staab           American Audit           352 Sundial Rid	, Ph.D., Executive Director tory Society	
Note: Late Fee for renewals a Canada & Mexico <u>add</u> Other International <u>add</u>	\$10 per year	Dammeron Val (435) 574-0062,	ley, UT 84783-5196         FAX (435) 574-0063         Card         Check (Payable to AAS)		
Amount Remitted:       1 year       U.S.\$       Credit Card Payment: Visa       MasterCard       A         2 years					
Plus Shipping Costs:					