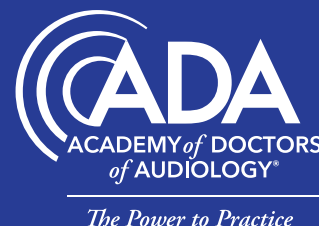


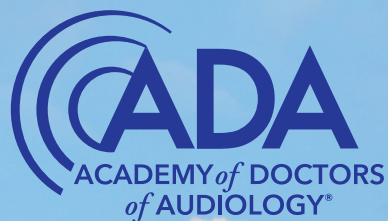


**Rock responsibly.
Noise-induced
hearing loss is
100 percent
preventable.**

Members: Contact ADA to customize
this and other ads for your practice.

Academy of Doctors of Audiology | www.audiologist.org | (866) 493-5544





2015 Annual Convention

SAVE THE DATE!

November 12-15, 2015

Hyatt Regency Capitol Hill

Washington, DC



**ADA
GOES TO
WASHINGTON!**

2015 Membership Application

Member Information

First Name:	MI:	Last Name:	Degree:
Business Name:			
Business Mailing Address:			
City:	State:	Zip Code:	
Business Phone:		Business Fax:	
Business Email:		Business Website URL:	
Home Mailing Address:			
City:	State:	Zip Code:	
Preferred Primary Address: Home <input type="checkbox"/> Business <input type="checkbox"/>		Home Phone:	

Required Credentials

Referred by:

☐ YES, I agree to abide by the ADA Code of Ethics.

Fellow	Associate (complete as applicable)	Student
License #:	License #:	Au.D School:
License State:	License State:	Expected Graduation Date:
Au.D. School:	Graduate School:	
Graduation Date:	Graduation Date:	

By my signature, I certify that the above information regarding my professional credentials is true:

Signature: _____ Date: _____

Employment

Business Setting: ☐ Private Practice ☐ ENT Office ☐ Hospital/Clinic ☐ Educator ☐ School System
☐ Community Agency ☐ Government ☐ Hearing Industry ☐ Consultant ☐ Retired ☐ Other

Number of years employed? _____ Are you the business owner? ☐ Yes ☐ No

Membership Communication Benefits

By applying for ADA membership, you agree to accept postal mail, electronic mail, telephone calls, facsimiles and other communications from ADA unless you notify us in writing that you do not wish to receive such communications.

You also agree to have \$25 of your 2015 annual membership dues in ADA (all non-student members) to be applied toward a one-year subscription to *Audiology Practices*. Issued quarterly.

By joining ADA you will automatically receive a business listing in the online ADA Membership Directory and in the online consumer tool, "Find-an-Audiologist." Check here if you do **not** wish to take advantage of this member benefit: ☐

ADA occasionally provides member contact information to industry firms supplying products and services to audiologists.

Check here if you do **not** wish to take advantage of this member benefit: ☐

ADA provides an opportunity for members to list multiple practice locations in the ADA Online Membership Directory at a charge of **\$25 per additional practice listing**. To purchase additional listings, log into your ADA account on the ADA Website, www.audiologist.org.

Payment Information

Amount (per calendar year): ☐ \$300 Fellow ☐ \$260 Associate ☐ \$25 Student ☐ \$150 or \$240 Graduated ☐ \$500 Lifetime

☐ Check here if you would prefer an online ONLY subscription to *Audiology Practices*. Doing so will reduce your membership fee by \$25.00.

☐ Check (enclosed) ☐ American Express ☐ MasterCard ☐ Visa ☐ Discover

Name as it Appears on Credit Card (Please print):

Credit card #: _____ Expiration Date: _____

Signature: _____

Credit Card Billing Address (if different from above)

Return this form with full payment to: Academy of Doctors of Audiology • 3493 Lansdowne Dr., Suite 2 • Lexington, KY 40517

Return this form by fax (credit card payments only) to: (859)-271-0607, or by e-mail to: info@audiologist.org.