

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.

Mail:

American Academy of Audiology
11654 Plaza America Drive
#507
Reston, VA 20190-4700

Web site:

www.audiology.org

Fax:

703-790-8631

Questions?

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

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	PREVIOUS NAME
ADDRESS			
ADDRESS			
CITY	STATE	ZIP	COUNTRY
TELEPHONE	E-MAIL	BIRTH DATE (MM/DD/YY)	

Enrollment Information

EXPECTED DEGREE	INSTITUTION AND LOCATION	MAJOR	EXPECTED GRADUATION DATE
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Please obtain the signature of a faculty member at your school willing to verify your enrollment.

I verify this student is currently enrolled in an undergraduate program.

FACULTY MEMBER SIGNATURE	DATE
PRINT NAME OF FACULTY MEMBER	

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
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Fees

Membership Dues

UNDERGRADUATE ASSOCIATE	\$40
MEMBER TYPE	AMOUNT DUE

Mailing Fees (outside US only) ☐ Canada/Mexico **\$10** ☐ International **\$20**

JAAA Opt-in to Print (access to JAAA online included with dues) ☐ **\$12**

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

CARDHOLDER'S NAME	
CARD NUMBER	EXPIRATION DATE
CARDHOLDER'S SIGNATURE	

**Student
Academy of
Audiology** 