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.

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 _____

Fees

Membership Dues

UNDERGRADUATE ASSOCIATE $ _____
MEMBER   TYPE   AMOUNT   DUE

JAAA **Opt-in to Print** (access to *JAAA* online included with dues)   ☐ **$15**

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

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 _____

Student Academy of Audiology