

American Auditory Society

Membership Application Form

(Please Type or Print Neatly)

Name _____ Date _____

Home Address _____ City _____

State (Prov) _____ Zip (PC) _____ Phone _____

Professional Address _____

City _____ State (Prov) _____ Zip (PC) _____ Country _____

Phone _____ Fax _____ E-Mail _____

PREFERRED mailing address: Home: ___ Professional: ___

This application is for:

- Regular Membership
 Associate Membership

Major interest area (Rank order up to two):

- Audiology Hearing Industry
 Hearing Science Otolaryngology
 Other _____
Specify

Please complete the following:

EDUCATION

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	
2008	(1 year)	\$55	<input type="checkbox"/>	\$55	<input type="checkbox"/>
2009	(2 years)	\$110	<input type="checkbox"/>	\$110	<input type="checkbox"/>
2010	(3 years)	\$165	<input type="checkbox"/>	\$165	<input type="checkbox"/>

Note:

Late Fee for renewals add \$10
 Canada & Mexico add \$10 per year
 Other International add \$30 per year for air mail shipping

Amount Remitted: 1 year _____ U.S.\$
 2 years _____
 3 years _____

Plus Shipping Costs: _____
TOTAL ENCLOSED \$ _____ U.S. \$

**Membership year is
 January 1 through December 31**

When Complete Return to:

Wayne J. Staab, Ph.D., Executive Director
American Auditory Society
352 Sundial Ridge Circle
Dammeron Valley, UT 84783-5196
(435) 574-0062, FAX (435) 574-0063

Payment: Credit Card Check (Payable to AAS)
 Credit Card Payment: Visa MasterCard AX
 Card Number: _____
 Expiration Date: _____
 Address to which card is billed:
 Street address: _____
 Zip: _____

Membership also online at: www.amauditorysoc.org