

AMERICAN AUDITORY SOCIETY
APPLICATION FOR MEMBERSHIP

NAME _____ DATE OF BIRTH _____
 Last (Family Name) First Middle Month Day Year

DEGREE _____ TITLE _____

INSTITUTION/AFFILIATION _____

PHONE _____ FAX _____

MAILING ADDRESS:

Institution/Department _____

Street _____

City _____ State _____ Zip _____ Country _____

E-MAIL ADDRESS _____

PLEASE COMPLETE THE FOLLOWING REGARDING YOUR EDUCATION:

Institution _____

Location _____ Degree / Year _____

MAJOR INTEREST AREA (Rank order up to two):

Audiology Hearing Industry Hearing Science Otolaryngology

Other (specify) _____

PLEASE CHECK MEMBERSHIP CATEGORY APPLYING FOR:

	(CATEGORY)	(DUES)	
<input type="checkbox"/>	Regular – 1 year	\$55.00	Renewals due by January 1
<input type="checkbox"/>	Regular – 2 years	\$110.00	\$10 late fee applies after that date
<input type="checkbox"/>	Regular – 3 years	\$165.00	
<input type="checkbox"/>	Associate – 1 year	\$55.00	Note:
<input type="checkbox"/>	Associate – 2 years	\$110.00	Canada & Mexico add \$10 per year
<input type="checkbox"/>	Associate – 3 years	\$165.00	Other International add \$30 per year for air mail shipping
<input type="checkbox"/>	Student/Resident – 1 year	\$35.00	

Amount Enclosed or to be charged: \$ _____

Payment Method:

Check made payable to American Auditory Society

Credit Card: Master Card Visa AMEX

_____ Expiration Date _____ / _____ / _____

Signature _____

Date _____

Return the completed application and check or credit card information to:

AMERICAN AUDITORY SOCIETY
19 MANTUA ROAD
MT. ROYAL, NJ 08061
(856) 423-3118
(856) 423-3420 (fax)
E-mail: aas@talley.com
<http://www.amauditorysoc.org>

For Office Use Only

Date Rec'd: _____

I.D. Number: _____