

**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          | \$100.00 |
| <input type="checkbox"/> Regular – 2 years         | \$200.00 |
| <input type="checkbox"/> Regular – 3 years         | \$300.00 |
| <input type="checkbox"/> Student/Resident – 1 year | \$50.00  |

Amount Enclosed or to be charged: \$ \_\_\_\_\_

Payment Method:

- Check made payable to American Auditory Society  
 Credit Card:     Master Card     Visa     Discover     AMEX

# \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ CVC \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

**Return the completed application and check or credit card information to:**  
AMERICAN AUDITORY SOCIETY  
PO BOX 779  
PENNSVILLE, NJ 08070  
(877) 746-8315  
(650) 763-9185 (fax)  
E-mail: [amaudsoc@comcast.net](mailto:amaudsoc@comcast.net)  
<http://www.amauditorysoc.org>

*For Office Use Only*

Date Rec'd: \_\_\_\_\_

I.D. Number: \_\_\_\_\_