AMERICAN AUDITORY SOCIETY

APPLICATION FOR MEMBERSHIP

NAME____DATE OF BIRTH___________________________
Last (Family Name) First Middle Month Day Year

DEGREE____TITLE____

INSTITUTIONAFFILIATION____

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)
[ ]	Regular – 1 year	$150.00
[ ]	Regular – 2 years	$300.00
[ ]	Regular – 3 years	$450.00
[ ]	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
http://www.amauditorysoc.org

For Office Use Only

Date Rec'd: _______________

I.D. Number: ______________