

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	\$150.00
<input type="checkbox"/> Regular – 2 years	\$300.00
<input type="checkbox"/> Regular – 3 years	\$450.00
<input type="checkbox"/> Trainee – 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: _____