

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 Otology/Otolaryngology

Other (specify) _____

PLEASE CHECK MEMBERSHIP CATEGORY APPLYING FOR:

(CATEGORY)	(DUES)	
Regular – 1 year	\$85.00	Renewals due by January 1 \$10 late fee applies after that date
Regular – 2 years	\$170.00	
Regular – 3 years	\$255.00	
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 Discover

_____ Expiration Date ____/____/____ Sec. Code _____

Signature _____

Date _____

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: _____