



# Member Enrollment or Re-enrollment Application

This is a new application       This is a member re-enrollment

Type of Membership:     Full (include \$125.00 for dues)       Associate (include \$100.00 for dues)  
                                   AuD Extern (no dues are required)       Student (no dues are required)

**Please note: This form must be received before January 1st to avoid having your account on the web site inactivated. If renewal is not received before January 1st, you will no longer be able to receive MAA notices or access members-only content.**

## Personal Information

**Preferred Salutation:**     Dr.     Mr.     Mrs.     Ms.

**Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_

**E-mail Address** (list preferred address for MAA contact): \_\_\_\_\_

I prefer to receive Academy mail at my:     Home address       Work Address (primary office will be used)

## Work Information

Note: If you work regularly in more than one office, please list additional offices on the back page

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City, State, ZIP:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ (main) \_\_\_\_\_ (direct)

**FAX:** \_\_\_\_\_ **Web Address:** \_\_\_\_\_

Please check all that apply from the following lists:

**Work Setting:**     Medical Clinic / Hospital       ENT Office       Private Practice       Manufacturer  
                           School / Educational       University       Other: \_\_\_\_\_

**Populations Served:**     Infant       Pediatric       Adult/Geriatric

**Diagnostic Services:**     Hearing Evaluations       Vestibular Evaluations       ABR/EP Testing       APD Testing

**Treatment Services:**     Hearing Instruments       Tinnitus Mgmt       Cochlear Implants       Vestibular Therapy

## Certifications and Licensure

State & License #: \_\_\_\_\_ ABA Cert. # \_\_\_\_\_ AAA# \_\_\_\_\_ ASHA Cert. # \_\_\_\_\_

## Educational Background

Degree	Year	Institution - City, State
1st Degree: _____	_____	_____
2nd Degree: _____	_____	_____
3rd Degree: _____	_____	_____

**Committee Interests (check all that apply):**     Audiology Awareness       Awards and Honors       Coding & Reimbursement  
 Communications & Publications     Continuing Education     Governmental Relations     Nominations & Elections     Membership

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail this form with dues to: Minnesota Academy of Audiology, P.O. Box 20103, Bloomington, MN 55420 or renew online at: <http://www.minnesotaaudiology.org>**

*Minnesota Academy of Audiology membership dues are not tax deductible*

# Additional Offices Form

Use this form to list additional offices at which you personally work a substantial portion of your time. Please copy and attach additional forms as needed.

## Work Information

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ (main) \_\_\_\_\_ (direct)

FAX: \_\_\_\_\_ Web Address: \_\_\_\_\_

Please check all that apply from the following lists:

**Work Setting:** Medical Clinic / Hospital      ENT Office      Private Practice      Manufacturer  
 School / Educational      University      Other: \_\_\_\_\_

**Populations Served:** Infant      Pediatric      Adult/Geriatric

**Diagnostic Services:** Hearing Evaluations      Vestibular Evaluations      ABR/EP Testing      APD Testing

**Treatment Services:** Hearing Instruments      Tinnitus Mgmt      Cochlear Implant Rehab.      Vestibular Therapy

## Work Information

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ (main) \_\_\_\_\_ (direct)

FAX: \_\_\_\_\_ Web Address: \_\_\_\_\_

Please check all that apply from the following lists:

**Work Setting:** Medical Clinic / Hospital      ENT Office      Private Practice      Manufacturer  
 School / Educational      University      Other: \_\_\_\_\_

**Populations Served:** Infant      Pediatric      Adult/Geriatric

**Diagnostic Services:** Hearing Evaluations      Vestibular Evaluations      ABR/EP Testing      APD Testing

**Treatment Services:** Hearing Instruments      Tinnitus Mgmt      Cochlear Implant Rehab.      Vestibular Therapy