



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