

KENTUCKY ACADEMY OF AUDIOLOGY MEMBERSHIP APPLICATION

2018 MEMBER INFORMATION - PLEASE COMPLETE ENTIRE APPLICATION

First Name:	MI:	Last Name:	Degree:
Business Name:			
Business Mailing Address:			
City:	State:	ZIP Code:	
Business Phone:	Business Email:		
Home Mailing Address:			
City:	State:	ZIP Code:	
Preferred Primary Address:	Home	Business	Home Phone:
By joining KAA you will automatically receive a business listing in the online KAA Membership Directory. Please print clearly all information as this is what we use as information for your website listing. Check here if you do NOT wish to take advantage of this member benefit.			

REQUIRED CREDENTIALS

Do NOT send in copies of licenses. If you do not have an Audiologist license, you must apply as an Associate Member.

Fellow (State Licensed Audiologist)	Associate	Student
License #:	License #:	AuD School:
License State:	License State: Exp:	Expected Grad Date:
Exp:	HIS SLP DHH Other	Year in School:
	List Other:	

BY MY SIGNATURE, I CERTIFY THAT THE ABOVE INFORMATION REGARDING MY PROFESSIONAL CREDENTIALS IS TRUE:

Signature: _____ Date: _____

EMPLOYMENT

Business Setting: Private Practice ENT Office Hospital/Clinic Educator School System
 Community Agency Government Hearing Industry Consultant Retired Other

Are you Board Certified in Audiology by the American Board of Audiology? Yes No (This is not CCC-A)

DUES

All dues collected will be applied to the fiscal year in which they are received. New member dues can be paid anytime during the course of the current fiscal year and are applicable only to the year in which they are received. **Dues shall be payable by March 1st** of each fiscal year. Dues will be considered **late if not paid by March 1st** of the year in which they are due. **A late fee will be added for dues not post marked by March 1st.** A \$25 fee will be added for any insufficient funds.

PAYMENT INFORMATION

A **\$5 surcharge** will be added to any credit card payments

New Fellow/Associate \$125 - **Renewal** Fellow/Associate \$100 - **Late** renewal Fellow/Associate \$115 - Student Free

Check American Express MasterCard Visa Discover **(\$5.00 additional fee for CCard)**

Name as it appears on card: (Please Print)

Credit Card #: _____ Exp. Date: _____ CVC: _____

Email for receipt: _____ Zip Code for CC bill: _____

RETURN THIS FORM WITH FULL PAYMENT TO: KAA - 446 East High Street, Suite 10. Lexington, KY 40507.
 Return this form by fax (credit card payments only) to: (859)-271-0607 or by email to cjones@kyaudio.org

TOTAL DUE: \$ _____