



# Kentucky Academy of Audiology

## KENTUCKY ACADEMY OF AUDIOLOGY MEMBERSHIP APPLICATION

### 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: <input type="checkbox"/> Home <input type="checkbox"/> Business		Home Phone:	
By joining KAA you will automatically receive a <b>business</b> listing in the online KAA Membership Directory. Please print clearly all information as this is what we use as information for your website listing.			
<input type="checkbox"/> 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:	<input type="checkbox"/> HIS <input type="checkbox"/> SLP <input type="checkbox"/> DHH List Other:	Year in School:

**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

Note: KAA memberships start January 1 and end December 31. KAA does not prorate fees.

### PAYMENT INFORMATION

**New:** Fellow/Associate \$115    **Renewal:** Fellow/Associate \$115    Student: Free

Check     American Express     MasterCard     Visa     Discover

Name as it appears on card: (Please Print)

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

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 ahaley@kyaudio.org

**TOTAL DUE: \$ \_\_\_\_\_**