



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 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.			
<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: _____ 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 jscott@kyaudio.org

TOTAL DUE: \$ _____