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: ☐ 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 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 - 1024 Capital Center Drive, Suite 205, Frankfort, KY 40601.
Return this form by fax (credit card payments only) to: (859) 271-0607 or by email to ahaley@kyaudio.org

TOTAL DUE: $_____