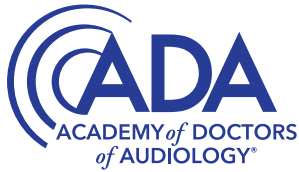


Academy of Doctors of Audiology Membership



Membership in ADA opens up your professional possibilities. As a member of ADA, you have the immediate opportunity for professional development and networking with experts, access to the latest in audiological news, insights and information, and exclusive member discounts. ADA is the only national membership association with the advancement of autonomous audiology private practice and practitioner excellence as its primary purpose.

The Academy of Doctors of Audiology estimates that the non-deductible portion of your ADA dues – the portion that is allocable to lobbying – is 50.0%.

What are the Benefits of ADA Membership?

Professional Member Benefits:

- *Audiology Practices* magazine
- ADA Alerts
- Significantly reduced registration rates at the ADA AuDacity Convention—the profession’s premier educational and networking event
- Online Membership Directory for locating colleagues throughout the country
- Continuing Education
- Professional leadership opportunities on ADA committees and working groups
- Advanced training (e.g., cerumen management, staff development)
- Special business partner relationships with Hertz, MBNA credit cards and Health Care Provider Service Organization (HCPSO) professional liability insurance
- Reimbursement updates and information
- Career development resources
- Practitioner research updates
- Representation and monitoring of legislative activities affecting the profession

As an ADA member you gain full and unrestricted access to ADA’s new and expanded website, www.audiologist.org, where you can access the following information 24 hours a day:

ADA Website Benefits:

- In depth coding and reimbursement
- HIPAA help
- Find-a-member
- Legislative updates
- Student education and career guidance
- Member forums
- Classified advertising
- Latest industry trends
- Listserve
- Website link to member domain

Categories of ADA Membership

Fellow (\$350 per calendar year): Open to audiologists who hold an Au.D. degree or credential. Please note: Graduates of an accredited AuD program, who are current Student members in good standing, will receive their first year’s Fellow membership following graduation, free of charge

Associate (\$300 per calendar year): Open to any individual who possesses a graduate degree in audiology or an allied profession and who supports the activities and goals of ADA, but who does not meet any of the membership criteria for Fellowship. Associate members are non-voting members of the Academy.

Student (\$50 per calendar year): Open to students currently enrolled in a full time Au.D. program in a regionally accredited university, who support the activities of ADA. Individuals enrolled in an Au.D. distance learning program who hold a graduate degree in audiology are not eligible for student membership.

Lifetime (\$525; never pay dues again): Open to ADA members who are 65 years of age or older, and who have 15 years (or more) of membership in ADA (does not have to be consecutive membership).

Audiologist Assistants (\$95 per calendar year): Open to any individual who serves as an audiologist assistant, working under the supervision of an audiologist who is an ADA fellow member.

NEW! Practice Membership (\$1000 per calendar year): This bundled membership option will allow all eligible audiologists and audiologist assistants from one practice to receive member benefits. Each practice will receive one issue per mailing of *Audiology Practices* magazine.

201: Membership Application

Member Information

First Name:	MI:	Last Name:	Degree:
Business Name:			
Business Mailing Address:			
City:	State:	Zip Code:	
Business Phone:		Business Fax:	
Business Email:		Business Website URL:	
Home Mailing Address:			
City:	State:	Zip Code:	
Preferred Primary Address: Home <input type="checkbox"/> Business <input type="checkbox"/>		Home Phone:	

Required Credentials

Referred by:

YES, I agree to abide by the ADA Code of Ethics.

Fellow	Associate (complete as applicable)	Student
License #:	License #:	Au.D School:
License State:	License State:	Expected Graduation Date:
Au.D. School:	Graduate School:	
Graduation Date:	Graduation Date:	

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

Number of years employed? _____ Are you the business owner? Yes No

Membership Communication Benefits

By applying for ADA membership, you agree to accept postal mail, electronic mail, telephone calls, facsimiles and other communications from ADA unless you notify us in writing that you do not wish to receive such communications.

You also agree to have \$25 of your 2016 annual membership dues in ADA (all non-student members) to be applied toward a one-year subscription to *Audiology Practices*. Issued quarterly.

By joining ADA you will automatically receive a business listing in the online ADA Membership Directory and in the online consumer tool, "Find-an-Audiologist." Check here if you do **not** wish to take advantage of this member benefit:

ADA occasionally provides member contact information to industry firms supplying products and services to audiologists.

Check here if you do **not** wish to take advantage of this member benefit:

ADA provides an opportunity for members to list multiple practice locations in the ADA Online Membership Directory at a charge of **\$25 per additional practice listing**. To purchase additional listings, log into your ADA account on the ADA Website, www.audiologist.org.

Payment Information

\$372 Fellow **\$522** Associate **\$72** Student **\$525** Lifetime \$95 Assistant \$50 Website Subscription \$1000 Bundled Practice Membership

I prefer an online ONLY subscription to *Audiology Practices*. | For Practice Membership, ADA will contact you for names/credentials of your members.

Check (enclosed) American Express MasterCard Visa Discover

Name as it Appears on Credit Card (Please print) :

Credit card #: _____ Expiration Date: _____

Signature:

Credit Card Billing Address (if different from above)