

AUDIOLOGIST ASSISTANT

ACADEMY OF DOCTORS OF AUDIOLOGY

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.

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.

AUDIOLOGIST ASSISTANT MEMBER BENEFITS

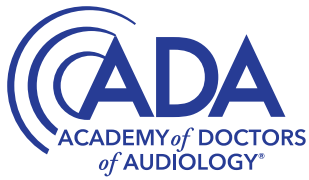
- *Audiology Practices* magazine (online version)
- *ADAlerts*
- Significantly reduced registration rates at the
- ADA Annual Convention—the profession’s premier educational and networking event
- Online Membership Directory for locating colleagues throughout the country
- Continuing Education opportunities
- 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

ADA WEBSITE BENEFITS

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:

- Student education and career guidance
- PracticeMatch career center, linking students with externships and employment
- *AudiologyPractices.org*—access to articles on issues affecting audiologists in private practice
- Latest industry trends
- ADACONnect and Virtual Student Chapter Listserv access
- Online Membership Directory for locating colleagues throughout the country





AUDIOLOGIST ASSISTANT MEMBERSHIP APPLICATION

Instructions: Please complete all sections of this application. Sign and return the application with payment to ADA, 446 East High Street, Suite 10, Lexington, KY 40507, by fax if paying by credit card to (859) 271-0607, or email to info@audiologist.org.

CONTACT INFORMATION

Name _____

Business Name _____

Business Mailing Address _____

City _____ State _____ ZIP _____

Business Phone _____ Business Fax _____

Business Email Address _____ Business Website URL _____

Home Mailing Address _____

City _____ State _____ ZIP _____

Home Phone _____

Preferred Primary Address: Home Business

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

By my signature, I certify that the above information regarding my professional credentials is true:

Signature _____

Date _____

EMPLOYMENT

Business Setting:

- | | | |
|---|---|---|
| <input type="checkbox"/> Private Practice | <input type="checkbox"/> ENT Office | <input type="checkbox"/> Hospital/Clinic |
| <input type="checkbox"/> Educator | <input type="checkbox"/> School System | <input type="checkbox"/> Community Agency |
| <input type="checkbox"/> Government | <input type="checkbox"/> Hearing Industry | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Other | |

Name of ADA Fellow Member employed in your practice: _____

Number of Years Employed? _____

\$95.00 Audiologist Assistant Membership. Please complete section below.

PAYMENT INFORMATION

- American Express MasterCard Visa
 Check (enclosed)
Check# _____

Name on Credit Card _____

Credit Card Number _____

Expiration Date _____

Signature _____

MEMBERSHIP COMMUNICATION DISCLOSURE

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.

ADA occasionally provides member contact information to industry firms supplying products and services to audiologists and staff members. Check here if you do not wish to take advantage of this member benefit.

Return this form with full payment to: Academy of Doctors of Audiology 446 East High Street, Suite 10 Lexington, KY 40507

Return this form by fax (credit card payments only) to: (859)-271-0607, or by e-mail to: info@audiologist.org.