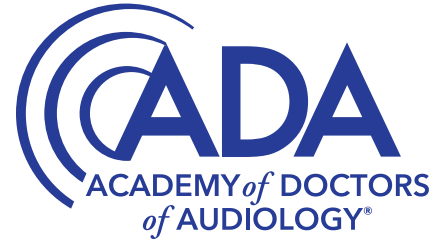


ACADEMY OF DOCTORS OF AUDIOLOGY MEMBERSHIP APPLICATION

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 allocated to lobbying – is 85.0%.

BENEFITS OF ADA MEMBERSHIP

- *Audiology Practices* magazine
- *ADAlerts*
- Significantly reduced registration rates at the ADA AuDacity Convention—the profession’s premier educational and networking event
- Representation and monitoring of federal and state legislative and regulatory activities affecting the profession
- Continuing Education Webinars (no additional charge)
- Professional leadership opportunities on ADA committees and working groups
- Advanced training (e.g., cerumen management, staff development)
- Special business partner relationships with Mercantile, Gravity Payments, and Health Care Provider Service Organization (HCPSO) professional liability insurance
- Reimbursement updates and information
- Career development resources
- Practitioner research updates
- Online Membership Directory for locating colleagues throughout the country

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 guidance
- HIPAA help
- Legislative and regulatory updates
- Find-a-member
- Student education and career guidance
- Webinar library with hundreds of hours of programming by experts
- Classified advertising
- Latest industry trends
- Practice forms

CATEGORIES OF ADA MEMBERSHIP

Regular (\$600 per calendar year): Open to all audiologists. Please note: Graduates of an accredited AuD program, who are current Student members in good standing, will receive their first year’s Regular membership following graduation, free of charge.

Associate (\$600 per calendar year): Open to any individual who supports the activities and goals of the ADA, but who does not meet any of the membership criteria for Regular or Student membership. Associate members are non-voting members of the Academy.

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 Regular member.

Student (\$75 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.

Practice Membership (\$1500 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.

Lifetime (\$525; never pay dues again): Open to members who are retired and have at least 15 years of membership in ADA. Members who qualify may purchase lifetime membership for a one-time fee of \$525. This will entitle member to all rights and privileges for as many years as they choose to participate in ADA thereafter.

MEMBERSHIP APPLICATION

FIRST NAME:	MI:	LAST NAME:	DEGREE:
BUSINESS NAME:			
BUSINESS ADDRESS:			
CITY:	STATE:	ZIP:	
BUSINESS PHONE:	BUSINESS FAX:		
BUSINESS EMAIL:	BUSINESS WEBSITE:		
HOME ADDRESS:			
CITY:	STATE:	ZIP:	
HOME PHONE:	PREFERRED PRIMARY ADDRESS:	HOME	BUSINESS

REQUIRED CREDENTIALS

REFERRED BY:	YES, I AGREE TO ABIDE BY THE ADA CODE OF ETHICS
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REGULAR	ASSOCIATE	STUDENT
LICENSE #:	PROFESSION:	AUDIOLOGY SCHOOL:
LICENSE STATE:		EXP. GRADUATION DATE:
AUDIOLOGY SCHOOL:		
GRADUATION DATE:		

By my signature, I certify that the above information regarding my credentials is true and accurate.

SIGNATURE:	DATE:
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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
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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 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." If you do not wish to take advantage of this member benefit, check here.
- ADA occasionally provides member contact information to industry firms supplying products and services to audiologists. If you do not wish to take advantage of this member benefit, check here.
- 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 (PER CALENDAR YEAR)

MEMBER TYPE	\$600 REGULAR	\$600 ASSOCIATE	\$75 STUDENT	\$95 ASSISTENT
	\$1200 BUNDLED PRACTICE MEMBERSHIP <small>ADA will contact you for names/credentials of your members</small>		\$1500 LIFETIME MEMBERSHIP <small>Open to members who are retired and have at least 15 years of membership in ADA</small>	

PAYMENT INFO	AMERICAN EXPRESS	DISCOVER	MASTERCARD	VISA	CHECK ENCLOSED
	CC NUMBER:		CC EXPIRATION:		CVV:
	CC BILLING ADDRESS (IF DIFFERENT FROM ABOVE):				
	CITY:	STATE:	ZIP:		
SIGNATURE:					