



Membership Application

July 1, 2017 – June 30, 2018

You may also renew/join online:
ohioacademyofaudiology.com

NAME: _____

See below to determine membership type. **1st year Fellow/Associate** **New Fellow Member** **Fellow Renewal**

HOME INFORMATION _____

Address: _____
City: _____ **State:** _____ **Zip:** _____
Home Phone: _____ **County:** _____
E-Mail: _____ (E-mail address is necessary to receive future newsletters)

BUSINESS INFORMATION _____

Organization Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
County: _____ **Office Phone:** _____
Fax: _____ **E-Mail:** _____

EMPLOYMENT SETTING:

- Charitable Organization
- College/University
- Commercial/Retail
- Governmental Agency
- Hospital
- Medical Practice/Clinic
- Private Practice
- School
- Manufacturer/Distributor
- Other: _____

POPULATION SERVED:

- Birth to 3 years
- 3 to 17 years
- Adult

SERVICES PROVIDED:

- ABR/Adult
- ABR/Pediatric
- Auditory (Re)Habilitation
- Cochlear Implant
- CAP Evaluation
- ECOG
- Educational Audiology
- ENG/Vestibular Evaluation
- Hearing Evaluation
- Hearing Instrument Selection
- Hearing Instrument Dispensing
- Industrial Audiology
- OAEs
- Tinnitus Evaluation
- Tinnitus Retraining Therapy
- Recreational Audiology
- Vestibular Rehabilitation
- Other _____

PROFESSIONAL INFORMATION _____

Please check all that apply.

Certification Status: **ABA Board Certified** **ASHA CCC/A** **PEY** **OH Dept. Ed.**
Membership Status: **AAA** **ASHA** **OSHA** **NOAA** **Other** _____
Additional skills: **Sign Language** **Foreign Languages (list):** _____

Highest Degree: _____
Institution: _____ **Graduation Date:** _____
Licensure Status: **OH#** _____ **Other State Licenses** _____

Preferred mailing address:	<input type="checkbox"/> Home	<input type="checkbox"/> Business	<i>(please check one)</i>
-----------------------------------	--------------------------------------	--	---------------------------

MEMBERSHIP DUES AND OTHER FEES

- Fellow** (Professional who possess a graduate degree in audiology from an accredited academic institution):
 - (1 year membership) **\$ 80.00**
 - (2 year membership) **\$130.00**

Note: Dues have again not increased and 2 year membership is offered at a 15% discounted rate as a benefit to our loyal members.

- First year Au.D. or Ph. D. Fellow** (This complimentary membership year is available to Au.D. or Ph.D. professionals who have graduated from a residential audiology program within the last year.)

Graduation date: _____ **University** _____

- Associate member** (This complimentary membership year is available to full-time residential students pursuing a graduate degree in audiology.)

Donation to the Julie S. Kelly Memorial Scholarship Fund: \$ _____

TOTAL: \$ _____

Voluntary OSH GAC PAC Contribution: \$ _____

(Must include a separate personal check to: OSHGAC-PAC.)

PAYMENT AND REGISTRATION

- ONLINE:** Renew online at www.ohioacademyofaudiology.com
- CHECKS:** Make check payable to "The Ohio Academy of Audiology"
- CREDIT CARD (circle one):** **VISA** **MasterCard**

Account Number: _____ **Expiration Date:** _____

Cardholder: _____ **Signature:** _____

Credit card billing address: _____

Please mail application and dues to: **The Ohio Academy of Audiology**
 P.O. Box 621
 323 James Bohanan Drive
 Vandalia, OH 45377

Membership Inquiries: E-mail Wendy, Membership Chair at: wendy.steuerwald@cchmc.org

The Ohio Academy of Audiology is the state affiliate of the American Academy of Audiology and is the first professional state association established for audiologists. Your membership dues contribute towards the Governmental Affairs Coalition, Continuing Education activities for licensure renewal, newsletter and facilitating local networks.