

Florida Academy of Audiology Member Application/Renewal

Membership:

Type: New Member Renewal (no break in membership)

Category: Fellow Member (**\$175**) Associate Member (**\$125**) Life Member (**\$70**) Student Member (**Free**)

The Florida Academy of Audiology grants FREE Membership to unlicensed students enrolled in Florida Universities pursuing their Audiology degree. A Student Membership Application must be filled out every year for the membership to be considered active. **Student Code (required for student membership):** _____

Billing/Contact Information:

First Name: _____ Last Name: _____ Dr. Mr. Mrs. Ms. Miss

Company/Organization/University Attending: _____ Business County: _____

Position: _____

Professional Setting (**Please Check One**): Hospital/Clinic Institution Private Practice Public/Private School Other

Street Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone: (_____) _____ E-mail address: _____

Find An Audiologist Directory Information

Please indicate whether you would like to be included in the public, searchable directory. Yes No

Street Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone: (_____) _____ E-mail address: _____

Website _____

AuD School _____ Number of Years in Practice: _____

Certifications _____

Specialty (Please check all that apply):

- Adult Aural Rehabilitation
- Adult Cochlear Implants
- Adult Diagnostics
- Adult Hearing Aids
- Auditory Processing Disorder
- Balance

- Educational Audiology
- Electrophysiology
- Forensic Audiology
- Industrial Audiology / Noise Conservation
- Misophonia
- Newborn Hearing Screenings

- Osseointegrated Devices
- Pediatric Aural Rehabilitation
- Pediatric Cochlear Implants
- Pediatric Diagnostics
- Pediatric Hearing Aids
- Tinnitus

Communications:

- I hereby release rights to photographs, video and statements taken by Florida Academy of Audiology to use in possible promotional or educational materials, publications, and including FLAA's web site.
- I would like to receive communications from FLAA and other parties that FLAA is in cooperation with regarding continuing education and job postings.

Agreement:

By submitting this form and my payment to the Florida Academy of Audiology, I agree to abide fully with the Florida Academy of Audiology Code of Ethics, which can be viewed on the Academy's website at www.floridaacademy.org.

Fellow Members, only: I certify that my Florida state audiology license is current and in good standing and that my Florida State License number is _____. **Please include a copy of your State License with this application.**

Applicant Signature (application will not be processed without it)

Contribution to Lobbying Costs:

Please select a contribution amount, or designate any other amount that you would like to give. No amount is too small or too large! Please note that contributions to the Florida Academy of Audiology are not deductible as charitable contributions for federal income tax purposes. Please consult your personal tax advisor for how this contribution may affect your individual circumstances.

Contribution Amount: \$25.00 \$50.00 \$100.00 \$200.00 \$500.00 Other: _____

Do we have permission to recognize your contribution in future materials? Yes Yes (but not the amount) No

Payment (No payment required for Student Membership with Code verification):

Payment Method: Visa Mastercard American Express Check #: _____

Credit Card Number _____ Expiration Date _____

Name on Card _____ V-Code (digits on back of card) _____

Authorized Signature _____ Date _____

An important update regarding the Tax Deductibility of your FLAA Dues: Dues for membership to FLAA are not deductible as charitable contributions for federal income tax purposes but may be deductible as an ordinary and necessary business expense. Pursuant to Sections 162 (c) and 6033 (e) of the Internal Revenue Code, certain lobbying and political expenses are not deductible and information concerning their non-deductibility must be communicated by tax-exempt organizations to their members.

Mail/Fax Payment to: Florida Academy of Audiology | PO Box 8685, Delray Beach, FL 33482, (561) 894-2281 FAX