



Return this form with full payment to:  
 Missouri Academy of Audiology  
 Edith Bobbitt-Boyce, Au.D.  
 c/o Missouri State University  
 Speech-Language-Hearing Clinic  
 901 S. National Ave  
 Springfield, MO, 65897

**MEMBERSHIP APPLICATION FORM--JUNE 1ST, 2018--MAY 31ST, 2019**

Application Type (select one):      NEW      RENEWAL

**MEMBERSHIP TYPE**

Professional \$85 (1 year)      Professional \$170 (2 year)  
 License #:      State:  
 Please include your AAA member number--this is essential to ensure accurate reporting of CEUs to AAA:

Student Membership - FREE  
 Program type    Au.D.    Ph.D.  
 Institution:  
 Your personal or academic email address:

**APPLICANT INFORMATION (PLEASE PRINT CLEARLY)**

Name:      Degree:  
 Preferred Mailing Address:    Home or    Work? (check one)      Company Name:  
 Home Address:      Office Address:  
 City:      Office City:  
 State:      Zip Code:      Office State:      Office Zip Code:  
 Home phone:      Office phone:  
 Would you like your professional information listed on the MAA website's provider list?      Yes      No  
**Email (requested)\***      \*Email is our primary means of communication with our members. Your email is NEVER shared with any third party.

Other Memberships:    IAAA Member    IABA Certified    ASHA Member    ASHA Certified    EAA Member    ADA Member  
 Specialty Area:    Educational    Government    Pediatric    Hospital    Private Practice    Academia

By my signature, I certify that the information provided is correct and I agree to abide by the AAA Code of Ethics.

**Signature of applicant:**      **Date:**

Volunteers are critical to the success of the Academy. Please indicate your interest in active participation in MAA.

**Yes! Please contact me about more active participation.** Would you like to volunteer for a    Committee and/or as an    Officer  
 Please list area of interest:

**I am not interested at this time.**

**PAYMENT INFORMATION AND CONTRIBUTIONS**

PAC Donation: \$ \_\_\_\_\_

Membership dues: \$ \_\_\_\_\_

Total payment: \$ \_\_\_\_\_

**For payment by credit card, please go our website at [www.maaaudiology.org](http://www.maaaudiology.org)**

For payment by check, please mail form and check to:

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