

# Florida Academy of Audiology Member Application

## Membership:

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

**Discount for Recent Graduates** – If you have graduated in the past year and would like to be a member of FLAA, you can receive a discount for the first two years of membership. Upon verification of graduation status, you will receive a \$125 discount for your first year of membership and a \$75 discount for your second year of membership. Please check “Fellow Member” and list your AuD school and year of graduation for consideration: \_\_\_\_\_

## Contact Information

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

Name: \_\_\_\_\_

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):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Adult Aural Rehabilitation   | <input type="checkbox"/> Educational Audiology                     | <input type="checkbox"/> Osseointegrated Devices        |
| <input type="checkbox"/> Adult Cochlear Implants      | <input type="checkbox"/> Electrophysiology                         | <input type="checkbox"/> Pediatric Aural Rehabilitation |
| <input type="checkbox"/> Adult Diagnostics            | <input type="checkbox"/> Forensic Audiology                        | <input type="checkbox"/> Pediatric Cochlear Implants    |
| <input type="checkbox"/> Adult Hearing Aids           | <input type="checkbox"/> Industrial Audiology / Noise Conservation | <input type="checkbox"/> Pediatric Diagnostics          |
| <input type="checkbox"/> Auditory Processing Disorder | <input type="checkbox"/> Misophonia                                | <input type="checkbox"/> Pediatric Hearing Aids         |
| <input type="checkbox"/> Balance                      | <input type="checkbox"/> Newborn Hearing Screenings                | <input type="checkbox"/> 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](http://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)**

## Payment (No payment required for Student Membership):

Payment Method:  **BILL ME**  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 | 6708 Seneca Lane, Sykesville, MD 21784, (561) 894-2281 FAX**