

**OREGON ACADEMY OF AUDIOLOGY
MEMBERSHIP APPLICATION AND RENEWAL FORM**

*Payment is due November 1st.
After Jan. 1st, a late fee of \$25.00 will apply and inclusion in the OAA directory cannot be
guaranteed.*

Please indicate: Renewal New Application

Membership Type: Fellow \$95.00 Associate \$95.00 Student \$25.00 Life (N/C)
(Refer to enclosed notice for description)

IMPORTANT: Our membership database developed serious glitches last year, so to ensure accuracy in the printed directory and on the website listings we need to verify ALL information. Please provide us with complete information as you'd like it to appear in the directory, and don't forget to complete the services information on the reverse side.

Please include your AAA member number—this is essential to ensure accurate reporting of CEUs to AAA.

Name _____ Degree _____

E-Mail Address _____ @ _____

Business Name _____ Phone (____) _____

Business Address _____ Fax (____) _____

City _____ County _____ State _____ Zip _____

Business Website _____

Home Address _____

City _____ State _____ Zip _____ Phone (____) _____

Preferred Mailing Address (please check) Home Business

If you wish to receive AAA CEUs for OAA educational events, please provide your AAA number _____

Please make checks payable to OAA, and mail together with this form to:

**OAA
c/o Diana Peterson
4388 5th St
Hubbard, OR 97032.**

NEW APPLICANTS & STUDENTS ONLY

Audiology License# (required for Fellows): _____

Please check all that apply:

AAA Member ASHA member ASHA certified
 OSHA member OR HA license ADA member Other _____

Education: Highest Degree _____ Year _____

College/University _____

If student, college/university attending: _____

Signature of Department Chair (required for all students):

_____ Date: _____

FURTHER INFORMATION FOR THE DIRECTORY

Work setting (check one):

Private Practice____ School (K-12)____
 ENT Office____ Community agency____
 Hospital____ Government agency____
 University____ Audiology Clinic____
 Other_____

What services do you provide (check all that apply):

- A. Standard audiometric testing____
- B. Mobile testing____
- C. Pediatric testing____
- D. Newborn screening____
- E. OAE testing____
- F. ABR____
- G. ASSR____
- H. ECOG____
- I. CAPD testing____ treatment____
- J. ENG/other vestibular testing____ treatment____
- K. Tinnitus evaluation____ treatment____
- L. Hearing aid dispensing____
- M. Assistive listening/alerting devices____
- N. Cochlear implant services____
- O. Aural rehabilitation (e.g. classes, therapy, speech reading)____
- P. Industrial testing____
- Q. Other_____

Are you currently working part time on an AuD degree? ____yes ____no

If yes, where?_____

____ Yes, as a current AuD student, I would like my name and email address included in the AuD contact list on the OAA website. This is to facilitate contact and networking between current AuD students, and to allow prospective AuD students to inquire about your AuD experience.

YOUR DONATIONS NEEDED!

The Oregon Academy of Audiology Political Action Committee guides and financially supports OAA’s lobbying efforts. Your contributions are greatly needed and appreciated. Most PAC contributions are eligible for an Oregon state income tax *credit* on your state return (maximum credit \$50 per individual/\$100 per couple). Consult the latest tax guide or your personal tax advisor to verify eligibility.

____ Yes, I wish to make a separate contribution to the Oregon Academy of Audiology Political Action Committee to support OAA’s lobbying efforts.

Please make checks payable to HEAR-PAC, and include with your OAA renewal/application. Questions regarding HEAR-PAC should be directed to Wayne Brown, 503-282-6463 or wbrown81@comcast.net