



ACADEMY OF  
DOCTORS OF  
AUDIOLOGY®

## Academy of Doctors of Audiology Membership

Membership in ADA opens up your professional possibilities. As a member of ADA, you have the immediate opportunity for professional development and networking with experts, access to the latest in audiological news, insights and information, and exclusive member discounts. ADA is the only national membership association with ownership of the profession through the advancement of autonomous practice and practitioner excellence as its primary purpose.

### What are the benefits of ADA Membership?

#### Professional Member Benefits

- *Audiology Practices Magazine*
- *ADAlerts*
- Significantly reduced registration rates at the ADA Annual Convention—the profession’s premier educational and networking event
- Online Membership Directory for locating colleagues throughout the country
- Free Continuing Education Webinars
- Professional leadership opportunities on ADA committees and working groups
- Advanced training (e.g., cerumen management, staff development)
- Reimbursement updates and information
- Career development resources
- Practitioner research updates
- Representation and monitoring of legislative activities affecting the profession
- “Hear for You” marketing and press release templates to help you promote your practice
- Advocacy that protects the autonomous practitioner

#### ADA Website Benefits

As an ADA member you gain full and unrestricted access to ADA’s new and expanded website, [www.audiologist.org](http://www.audiologist.org), where you can access the following information 24 hours a day:

- In depth coding and reimbursement resources
- HIPAA help
- Find-a-member
- Legislative updates
- Student education and career guidance
- Business and clinical articles and resources
- Free Classified advertising
- Latest industry trends
- Listserv
- Website link to member domain

### Categories of ADA Membership

**Fellow (\$250 per calendar year):** Open to audiologists who hold an Au.D. degree or credential.

**Associate (\$210 per calendar year):** Open to any individual who possesses a graduate degree in audiology or an allied profession and who supports the activities and goals of the ADA, but who does not meet the membership criteria for Fellowship. Associate members are non-voting members of the Academy.

**Student (\$25 per calendar year):** Open to students currently enrolled in a full-time Au.D. program in a regionally accredited university, who support the activities of ADA. Individuals enrolled in an Au.D. distance learning program who hold a graduate degree in audiology are not eligible for student membership. Thanks to a 2012 grant from Oticon, student membership in ADA is complementary for students who are interested in private practice.

**Graduated (\$125 or \$200):** Open to ADA student members who have graduated and are transitioning from student to fellow membership status. First year graduated membership dues equals 50 percent of regular fellow membership dues. Second year graduated membership dues equals 80 percent of regular fellow membership dues.

**Lifetime (\$500 and never pay dues again):** Open to ADA members who are 65 years or older, and who have 15 years (or more) of membership in ADA (does not have to be consecutive membership).



## 2012 Membership Application

### Member Information

First Name:	MI:	Last Name:	Degree:
Business Name:			
Business Mailing Address:			
City:	State:	Zip Code:	
Business Phone:		Business Fax:	
Business Email:		Business Website URL:	
Home Mailing Address:			
City:	State:	Zip Code:	
Preferred Primary Address: Home <input type="checkbox"/> Business <input type="checkbox"/>		Home Phone:	

### Required Credentials

**Referred by:**

YES, I agree to abide by the ADA Code of Ethics.

Fellow	Associate (complete as applicable)	Student
License #:	License #:	Au.D School:
License State:	License State:	Expected Graduation Date:
Au.D. School:	Graduate School:	
Graduation Date:	Graduation Date:	

By my signature, I certify that the above information regarding my professional credentials is true:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Employment

Business Setting:  Private Practice  ENT Office  Hospital/Clinic  Educator  School System  
 Community Agency  Government  Hearing Industry  Consultant  Retired  Other

Number of years employed? \_\_\_\_\_ Are you the business owner?  Yes  No

### Membership Communication Benefits

By applying for ADA membership, you agree to accept postal mail, electronic mail, telephone calls, facsimiles and other communications from ADA unless you notify us in writing that you do not wish to receive such communications.

You also agree to have \$25 of your 2012 annual membership dues in ADA (all non-student members) to be applied toward a one-year subscription to Audiology Practices. Issued quarterly.

For facsimile communications, please complete the following:

YES, I will accept fax communications. By checking this box, and with my signature below, I consent to receive facsimile communications by, or on behalf of ADA at the following fax number(s):

FAX Numbers: \_\_\_\_\_

Signature: \_\_\_\_\_

By joining ADA you will automatically receive a business listing in the online ADA Membership Directory and in the online consumer tool, "Find-an-Audiologist." Check here if you do **not** wish to take advantage of this member benefit:

ADA occasionally provides member contact information to industry firms supplying products and services to audiologists.

Check here if you do **not** wish to take advantage of this member benefit:

ADA provides an opportunity for members to list multiple practice locations in the ADA Online Membership Directory at a charge of **\$25 per additional practice listing**. To purchase additional listings, log into your ADA account on the ADA Website, [www.audiologist.org](http://www.audiologist.org).

### Payment Information

Amount (per calendar year):  \$250 Fellow  \$210 Associate  \$25 Student  \$125 or \$200 Graduated  \$500 Lifetime

Check (enclosed)  American Express  MasterCard  Visa  Discover

Name as it Appears on Credit Card (Please print): \_\_\_\_\_

Credit card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Return this form with full payment to: Academy of Doctors of Audiology • 3493 Lansdowne Dr., Suite 2 • Lexington, KY 40517

Return this form by fax (credit card payments only) to: (859)-271-0607, or by e-mail to: [info@audiologist.org](mailto:info@audiologist.org).