



Return this form with full payment to:

Illinois Academy of Audiology  
 ATTN: Membership Department  
 275 N. York Street, Suite 401  
 Elmhurst, IL 60126-2752

**MEMBERSHIP APPLICATION – AUGUST 1, 2016 TO JULY 31, 2017**

**MEMBERSHIP TYPE**

Application Type (select one) :  NEW  RENEWAL

<input type="checkbox"/> Professional Early-Bird \$90 <input type="checkbox"/> Associate Early Bird \$90 <input type="checkbox"/> Professional Late Registration (after October 31, 2016) \$110 <input type="checkbox"/> Associate Late Registration (after October 31, 2016) \$110 <input type="checkbox"/> Student to Regular Member \$65 <input type="checkbox"/> LIFE (N/C) SEE LAST PAGE FOR EXPLANATION OF BENEFITS	<input type="checkbox"/> STUDENT \$25
License #: _____ State: _____	Program type: <input type="checkbox"/> Au.D. or <input type="checkbox"/> Ph.D.
Graduating Institution: _____ Graduation Date: _____	Institution: _____
Please include your AAA member number—this is essential to ensure accurate reporting of CEUs to AAA:	

**APPLICANT INFORMATION (PLEASE PRINT CLEARLY) (PLEASE UPDATE PROFILE ON WEBSITE AS WELL)**

Name: _____	Maiden Name: _____	Degree: _____
Preferred Mailing Address: <input type="checkbox"/> Home or <input type="checkbox"/> Work? (check one)	Company Name: _____	
Home Address: _____	Office Address: _____	
City: _____	Office City: _____	
State: _____ Zip Code: _____	Office State: _____	Office Zip Code: _____
Home phone: _____	Office phone: _____	
<b>Email (requested)*:</b> _____	*Email is our primary means of communication with our members. Your email address is NEVER shared with any third party.	

**Membership:**  AAA Member  ABA Certified  ASHA Certified  EAA Member  ADA Member

Specialty area:  Educational  Government  Pediatric  Hospital  Private Practice

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 ILAA:  
 **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**

**Capital Club Membership:** The Capital Club specifically supports the legislative activities of the Illinois Academy of Audiology. Donations to the Capital Club will be used to further our legislative efforts in Springfield and Washington, DC. through funding our dedicated lobbyist, our Lobby Visits to Springfield, and creation of our Legislative Outreach materials.  \$25  \$50  \$75  \$100  \$150  \$200  Other \$ \_\_\_\_\_

**SOS (Support Our Students):** Students are the future of our profession, so it is important that they participate in our state audiology association for their personal professional growth as well as for the contributions they can make in turn. If you would like to help students join ILAA and attend our annual convention through our Support Our Students (SOS) program please check a box below:  
 \$10  \$25 (covers membership)  \$50  \$75  \$100  \$150  Other amount  
 Student Name: \_\_\_\_\_  General Fund  Acknowledged Benefactor  Anonymous

**\*\*PLEASE PRINT and COMPLETE ALL CREDIT CARD FIELDS\*\***

Name on card: \_\_\_\_\_

Visa  MasterCard  American Express  Discover  Personal/Business Check (enclosed) # \_\_\_\_\_ **Total Payment: \$ \_\_\_\_\_**

CC Billing Address (Street/City/Zip Code): \_\_\_\_\_

Card #: _____	Exp. date: _____	CVC #: ___ ___ (on back of card)
Signature of card holder: _____		Date: _____

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**MEMBERSHIP COMMUNICATION BENEFITS**

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

By joining ILAA you automatically receive a business listing in the online consumer tool, "Find an Audiologist".

Check here if you do **NOT** wish to take advantage of this member benefit (You may choose to opt out of this benefit if you do not see patients in your work setting).

By joining ILAA you automatically receive a listing in our online membership directory (accessible only by members).

**If you wish to exclude some or all of your information please indicate your preferences:**

Show only my work information     Do not show any of my information

ILAA occasionally provides member contact information (excluding email address) to industry related businesses supplying products/services, offering CE opportunities, and announcing job opportunities.

Check here if you do **NOT** wish to take advantage of this member benefit.

**EXPLANATION OF BENEFITS**

**Professional Member:** Professionals who possess a graduate degree in audiology from a regionally accredited academic institution (Full voting privileges).

**Student to Regular Member:** A student member in good standing (active) who is joining the academy as a regular member in the membership year following his/her graduation from a regionally accredited academic institution. Upon the next renewal year, converting regular members will pay the normal regular member dues as described above.

**Associate Member:** Non-audiologists who wish to remain informed and provide input regarding the activities of the Academy (No voting privileges).

**Life Member:** members are audiologists who are at least 65 years old and have been regular members of the Academy for at least ten (10) consecutive years immediately prior to age 65. Application for Life membership must be approved by the Board of Directors.

**Student Member** is one who is enrolled full-time in an audiology graduate program at a regionally accredited institution of higher learning (No voting privileges).

**NOTE: Any member may submit a resignation, in writing, to the Vice-President of Membership. The resigning individual shall cease to be a member of the Academy as of the date such resignation is submitted. Dues paid are not refundable.**

**ILAA provides the opportunity for you to list additional contact information, multiple practice locations and services provided in your online membership profile. This information is used for the membership directory and the online consumer tool, "Find an Audiologist". Please list below any additional information.**