MAINE
ACADEMY of
AUDIOLOGY

2016 - Membership Application & Renewal Form

Please check one of the following:

- **New Member - Please attach a copy of your State Audiology License**
- **Renewal – Please update your contact information**

Name_____
First Middle Last

Renewal and New Members:
Please update the information below.
Please check □ for preferred address to receive Academy information.

Business Address: □

_____
_____
_____
Bus. Phone:_____
Email:_____

Home Address: □

_____
_____
_____
Home (or Cell) phone: _____
Home Email:_____

NOTE: The MAA sends most correspondence to members via email.

Please check here if you prefer to receive information via regular mail_____

Do you currently hold a license to practice audiology? ___yes ___ no

Has your license ever been suspended or revoked by any state? ___yes ___no
If yes, please attach an explanation.

Are you currently under investigation for suspension of license? ___yes ___no

I have read and agree to abide by the MAA By-laws and Code of Ethics.
(If you need a copy of these documents please contact your current MAA President. I have read and completed this application and I attest that all the information and supporting documentation are true to the best of my knowledge.)

Signature_____ Date:_____

Dues: □ **$30** □ **$40 After March 15, 2016*:***

payable to: **Maine Academy of Audiology**
c/o Bryce Cropper
Central Maine Audiology
475 Pleasant St, #11
Lewiston, ME 04240