ACADEMY OF DOCTORS OF AUDIOLLGY MEMBERSHIP APPLICATION

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 the advancement of autonomous audiology private practice and practitioner excellence as its primary purpose.



The Academy of Doctors of Audiology estimates that the non-deductible portion of your ADA dues – the portion that is allocated to lobbying – is 85.0%.

BENEFITS OF ADA MEMBERSHIP

- Audiology Practices magazine
- ADAlerts
- Significantly reduced registration rates at the ADA AuDacity Convention—the profession's premier educational and networking event
- Representation and monitoring of federal and state
 legislative and regulatory activities affecting the profession
- Continuing Education Webinars (no additional charge)
- Professional leadership opportunities on ADA committees and working groups

- Advanced training (e.g., cerumen management, staff development)
- Special business partner relationships with Mercantile, Gravity Payments, and Health Care Provider Service Organization (HCPSO) professional liability insurance
- Reimbursement updates and information
- Career development resources
- Practitioner research updates
- Online Membership Directory for locating colleagues throughout the country

As an ADA member you gain full and unrestricted access to ADA's new and expanded website, www.audiologist.org, where you can access the following information 24 hours a day:

ADA WEBSITE BENEFITS

- In depth coding and reimbursement guidance
- HIPAA help
- Legislative and regulatory updates
- Find-a-member
- Student education and career guidance

- Webinar library with hundreds of hours of programming by experts
- Classified advertising
- Latest industry trends
- Practice forms

CATEGORIES OF ADA MEMBERSHIP

Regular (\$400 per calendar year): Open to all licensed audiologists. Graduates of an accredited audiology program, who are current Student members in good standing, will receive their first year's Regular membership following graduation, free of charge.

Associate (\$400 per calendar year): Open to any individual who supports the activities and goals of ADA, but who does not meet any of the membership criteria for Regular. Associate members are non-voting members of the Academy.

Student (\$75 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.

Lifetime (\$525; never pay dues again): Open to ADA members who are 65 years of age or older, and who have 15 years (or more) of membership in ADA (does not have to be consecutive membership).

Audiologist Assistants (\$95 per calendar year): Open to any individual who serves as an audiologist assistant, working under the supervision of an audiologist who is an ADA regular member.

Practice Membership (\$1200 per calendar year): This bundled membership option will allow all eligible audiologists and audiologist assistants from one practice to receive member benefits. Each practice will receive one issue per mailing of Audiology Practices magazine.

MEMBERSHIP APPLICATION								
FIRST NAME:	MI: LAST			AST NAME:	NAME:		DEGREE:	
BUSINESS NAM	IF·	1411.		(3) 10/10/L		DEGINEE.		
BUSINESS ADDRESS:								
CITY:			STATE:			ZIP:		
BUSINESS PHONE:			BUSINESS FAX:					
BUSINESS EMAIL:			BUSINESS WEBSITE:					
DOSINESS VEDSITE.								
HOME ADDRESS:								
CITY:			STATE:			ZIP:		
HOME PHONE:			PREFERRED PRIMAR	RY ADDRESS:	HOME BU	ISINESS		
REQUIRED CREDENTIALS								
TEQUITED CHEDENTIALS								
REFERRED BY: YES, I AGREE TO ABIDE BY TH						BY THE ADA CODE OF E	THICS	
REGULAR ASSOCIATE STUDENT								
LICENSE #:			PROFESSION:			AUDIOLOGY. SCHOOL:		
LICENSE #:			PROFESSION.			EXP. GRADUATION DATE:		
AUDIOLOGY SCHOOL:						EXP. GRADUATION	EAL GRADOATION DATE.	
GRADUATION DATE:								
By my signature, I certify that the above information regarding my credentials is true and accurate.								
SIGNATURE:						DATE:		
EMPLOYMENT								
BUSINESS SETTING	PRIVATE PRACTICE		ENT OFFICE		HOSPITAL/CLIN	IIC	EDUCATOR	
	SCHOOL SYSTEM		COMMUNITY AGE	NCY	GOVERNMENT		HEARING INDUSTRY	
	CONSULTANT		RETIRED		OTHER			
NUMBER OF YE	EARS EMPLOYED?	ARE YOU THE BUSINESS OWNER? YES			NER? 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 annual membership dues in ADA (all non-student members) to be applied toward a one-year subscription to Audiology Practices. Issued quarterly. 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." If you do not wish to take advantage of this member benefit, check here. ADA occasionally provides member contact information to industry firms supplying products and services to audiologists. If you do not wish to take advantage of this member benefit, check here. 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. 								
PAYMENT INFORMATION (PER CALENDAR YEAR)								
MEMBER TYPE	\$400 REGULAR	\$400 ASSOCIATE			\$75 STUDENT		\$95 ASSISTENT	
	\$50 WEBSITE SUBSCRIPTION				\$1200 BUNDLED PRACTICE MEMBERSHIP ADA will contact you for names/credentials of your members			
	I prefer an ONLINE ONLY subscription to Audiology Practices							
	AMERICAN EXPRESS	DISCOV	ED	MASTERCA	PD	VISA	CHECK ENCLOSED	
		אטטכוע	LIN		עוווי	VIJA		
				CC EXPIRATION:	TION: CVV:			
PAYMENT INFO	CC BILLING ADDRESS (IF DIFFERENT FROM ABOVE):							
	CITY: STATE:					ZIP:		
	SIGNATURE:							