

# 2009 TAA Membership Application

## Initial Application

Name: \_\_\_\_\_ Degree: \_\_\_\_\_ Employer: \_\_\_\_\_

Preferred Address:  Work  Home \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax#: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Voter district: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

My information may be put in the membership directory on the website  Yes  No

### 1. Employment Settings (check all that apply):

- Academic  ENT Office  Government (check type)  Federal  State  Local  
 Hospital/Medical  Manufacturer  Private Practice  Public Schools  Rehabilitation Center  
 Other (please specify) \_\_\_\_\_

### 2. Employment responsibilities (check all that apply):

- Administrative  Patient/Client services  Research  Supervision  Teaching  Manufacturer Rep  
 Other (please specify) \_\_\_\_\_

### 3. Clinical services provided (check all that apply):

- Hearing evaluations  Auditory Evoked Potentials  Amplification/ALDs  
 Central Auditory Processing testing  Intraoperative Monitoring  Rehabilitation services  
 Vestibular testing  Vestibular Rehabilitation Cochlear  Implants Implantable Hearing aids  
 Other (please specify) \_\_\_\_\_

4. In what year did you begin working as an Audiologist? \_\_\_\_\_

5. Are you interested in participating on future committees or task forces?  Yes  No

If so, please indicate areas of interest:  Educ./ Conventions  Publications  Govt. Affairs  Prof Issues  Publicity

Other \_\_\_\_\_

**2009 Fellow \$75** (TX licensed Audiologist) TX license # \_\_\_\_\_ Out of State Audiologist: State/license #: \_\_\_\_\_

**2009 Student Member \$25** (TX licensed Intern or Grad Student) TX Intern license#: \_\_\_\_\_  
Grad student School: \_\_\_\_\_ (\*Signature of Program Chair Required) \_\_\_\_\_

### Patrons:

**TAA Patron \$100** (Supporter who is not an audiologist) Business/Profession \_\_\_\_\_  
Licenses Held: \_\_\_\_\_

**Additional Financial Support:**  **Political Action Contributions (PAC)** \$ \_\_\_\_\_  
(Personal checks only, no corporate checks. PAC contributions are not deductible for Federal Income Tax)

**TAA General Fund Donation** \$ \_\_\_\_\_

Total Amount Paid: \$ \_\_\_\_\_ Check No: \_\_\_\_\_  MasterCard  Visa \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Credit card expiration date: \_\_\_\_\_ / \_\_\_\_\_ Credit card security code (3 digits on back next to signature field): \_\_\_\_\_  
Billing Address: \_\_\_\_\_

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

**Please fill out, print out, mail with check or credit card info to TAA, PO Box 93331, Lubbock, TX 79493-3331.**

**If paying by credit card, why not go green and simply renew online? Go to [www.texasaudiology.org/join.asp](http://www.texasaudiology.org/join.asp)**