



Maryland Academy of Audiology  
P.O. Box 6481  
Ellicott City, Maryland 21042

## MEMBERSHIP APPLICATION

Please fill out and return statement with payment – make copy for your records.

### MEMBERSHIP YEAR

January 1, 2010 – December 31, 2010

### CONTACT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

License Number: \_\_\_\_\_

State of licensure:  Maryland  Other (Please specify: \_\_\_\_\_)

**HOME INFORMATION** *(This information will never be given to the public. It will only be used if other MAA members are not able to contact you at work. If you wish this information to only be used only by Board Members, check this box .)*

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you interested in working on an MAA Committee?  yes  no

My interests include (please circle): Continuing Education, Legislative Issues, Publications and Events, Budget, Other: \_\_\_\_\_

**Cost of Membership \$70.00**

**Student Membership \$25.00**

**Please make checks payable to: Maryland Academy of Audiology**

Mail to: MAA

PO Box 6481

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