



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

### 2012 MEMBERSHIP APPLICATION

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

**CONTACT INFORMATION:** *(This will be used as contact information for MAA mailings.)*

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

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

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

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

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

**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: \_\_\_\_\_

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

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

Are you interested in working on an MAA Committee?  Yes  No

If so, a Board Member from MAA will contact you. My interests include (please circle):  
Continuing Education, Legislative Issues, Publications and Events, Budget, Other \_\_\_\_\_

**Cost of Membership \$80.00**

**Student Membership \$25.00**

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

Return statements to:  
Maryland Academy of Audiology  
P.O. Box 6481  
Ellicott City, Maryland 21042