



Membership Application/Renewal - 2010

First Name : _____ Initial _____ Last Name : _____

Home Address:

Street: _____

City: _____

Province and Country: _____

Postal Code: _____

Phone: _____ Ext: _____

Fax : _____

Email : _____

Work Address:

Employer: _____

Street: _____

City: _____

Province and Country: _____


Postal Code: _____

Phone: _____ Ext: _____

Fax: _____

Email: _____

Preferred Mailing Address: Home Work

 Language Preference: English French

I agree to have my information listed in a membership directory.

PAYMENT INFORMATION

Please Check One:

Full Member: \$180.00 + 5% GST = \$189.00 CDN

Full membership applies to those 1) who hold a graduate degree in Audiology from a Canadian university and/or, 2) who are licensed by a province or territory to practice audiology in Canada. New registrants: please provide your provincial registration number or proof of degree.

Affiliate Member: \$84.00 + 5% GST = \$88.20 CDN

Affiliate membership applies exclusively to professionals from related fields that do not hold a graduate degree in audiology. New registrants: please provide professional permit or proof of degree.

International Member: \$84.00 + 5% GST = \$88.20 CDN

International membership applies to those who reside outside of Canada and possess formal academic training and/or clinical or research experience in the area of audiology, or a related field.

Retired Member: \$84.00 + 5% GST = \$88.20 CDN

Retired membership status applies to those previously licensed to practice audiology in Canada and have left the workforce with no intention of re-entry.

Student Member: \$30.00 + 5% GST = \$31.50 CDN

Student membership applies to those who are currently enrolled in a graduate program in Audiology or a related field. Please provide proof of enrollment.

Method of Payment: Cheque/Money Order VISA MC Credit Card # _____

Name on Card: _____ Expiry Date: _____ CV #* _____

Signature: _____ *This is the last 3 digit number located on the back of your card on or above your signature line.

NOTE: Please make cheques and money orders payable to: Canadian Academy of Audiology. Visa and MasterCard accepted.

Personal information collected on this form is used exclusively by the CAA for membership purposes only. Information will not be released to any other parties without express consent.