

PAA Student Membership Application/Renewal Form

PAA Membership Type <input type="checkbox"/> Student Member
This is a <input type="checkbox"/> New Application <input type="checkbox"/> Renewal

Contact Information

First Name	Middle Initial	Last Name	Credentials after last name:

Enter the address where we should send PAA mailings:

Name: _____
Address1: _____
Address2: _____
Address3: _____
City: _____ **State:** _____ **Zip:** _____

Enter the phone number where you can be reached most often: _____ **Ext/Alt** _____

Enter your email address for PAA e-mailings: _____

Enter the fax number where we should send PAA faxes: _____

Home telephone number (optional): _____

Student Information

If you are an audiology graduate student, check here:

If so, at what University? _____

If you are a post-graduate audiology student working towards state licensure, check here:

Where are you doing your internship? _____

Please check (or enter) the organizations in which you are a member:

AAA ASHA PSHA ADA Other: _____

Joining or renewing your student PAA membership requires verification that you are a full-time audiology graduate student (working towards a Master's, AuD or PhD degree) or a post-graduate student working full-time to complete your CFY and/or eligibility for a state license to practice the profession of audiology. (Note: Individuals who hold a state license and are completing his/her AuD degree on a part-time basis or via continuing or distance education must join PAA as a Fellow Member.)

This is to verify that the person named above is currently a full-time audiology graduate student or working to complete their CFY and/or eligibility for a state license.

 Signature of Advisor/Employer Date

Please return this application/renewal form to:
 PAA, Wanner and Associates, 908 North Second Street, Harrisburg, PA 17102