

South Carolina Academy of Audiology Membership Application

Mail or email completed application to:

Jason Wigand c/o SCAA 310 Honey Tree Drive Lexington, SC 29073

jwigand@southcarolinaent.com

Identifica	tion Home:		Identification Business	
Name			Business	
Street Address			Street Address	
City	St	ate Zip	City	State Zip
Phone Cell			Phone	Fax
Email			Email	
Preferred Mailing Address: ☐ Home ☐ Business ☐ Preferred Email: ☐ Home ☐ Business ☐ Bo				
Qualification/Education: Interested in Becoming a Committee Member?				
Highest Degree Earned: Year Granted:			Please select the committee(s) you are interested in learning more about and the Chair will contact you	
Granting College/University:			☐ Convention	☐ Legislation/Government
SC Audiology License #: Date Issued:		☐ Membership	☐ Professional Issues	
Year Began Working as an Audiologist:			☐ Finance	☐ Website/Social Media
Annual Dues:			Other Memberships:	
Fee	Check Enclosed	Paid Online (PayPal)		□ ASHA
Member \$120				□ NSSLHA
Student \$80				
Vnov a St	. Audiologist who is	not a mambar of SCAA9 W.	a would appropriate the meformal	
Know a SC Audiologist who is not a member of SCAA? W			would appreciale the rejerral.	
Name:		Business:		Contact#:
www.sca	audiology.org		facebo	ook.com/1989.SCAA

Thank you for joining SCAA!!!