



# 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  
[scaudiology@gmail.com](mailto:scaudiology@gmail.com)

### Identification Home:

Name <input style="width: 95%;" type="text"/>		
Street Address <input style="width: 95%;" type="text"/>		
City <input style="width: 80%;" type="text"/>	State <input style="width: 20%;" type="text"/>	Zip <input style="width: 40%;" type="text"/>
Phone <input style="width: 80%;" type="text"/>	Cell <input style="width: 100%;" type="text"/>	
Email <input style="width: 95%;" type="text"/>		

Preferred Mailing Address:  Home  Business

### Identification Business:

Business <input style="width: 95%;" type="text"/>		
Street Address <input style="width: 95%;" type="text"/>		
City <input style="width: 80%;" type="text"/>	State <input style="width: 20%;" type="text"/>	Zip <input style="width: 40%;" type="text"/>
Phone <input style="width: 80%;" type="text"/>	Fax <input style="width: 100%;" type="text"/>	
Email <input style="width: 95%;" type="text"/>		

Preferred Email:  Home  Business  Both

### Qualification/Education:

Highest Degree Earned: <input style="width: 95%;" type="text"/>	Year Granted: <input style="width: 40%;" type="text"/>
Granting College/University: <input style="width: 95%;" type="text"/>	
SC Audiology License #: <input style="width: 80%;" type="text"/>	Date Issued: <input style="width: 40%;" type="text"/>
Year Began Working as an Audiologist: <input style="width: 95%;" type="text"/>	

### Interested in Becoming a Committee Member?

*Please select the committee(s) you are interested in learning more about and the Chair will contact you*

<input type="checkbox"/> Convention	<input type="checkbox"/> Legislation/Government
<input type="checkbox"/> Membership	<input type="checkbox"/> Professional Issues
<input type="checkbox"/> Finance	<input type="checkbox"/> Website/Social Media

### Annual Dues:

Fee	Check Enclosed	Paid Online (PayPal)
Member \$120	<input type="checkbox"/>	<input type="checkbox"/>
Student \$80	<input type="checkbox"/>	<input type="checkbox"/>

### Other Memberships:

<input type="checkbox"/> AAA	<input type="checkbox"/> ASHA
<input type="checkbox"/> ADA	<input type="checkbox"/> NSSLHA

*Know a SC Audiologist who is not a member of SCAA? We would appreciate the referral.*

Name:  Business:  Contact#:

[www.scaudiology.org](http://www.scaudiology.org)

*Thank you for joining SCAA!!!*

[facebook.com/1989.SCAA](https://facebook.com/1989.SCAA)

