



Application for Membership

HEARING AID AUDIOMETRIST SOCIETY OF AUSTRALIA

HAASA
PO Box 9194
Deakin ACT 2600

Ph | 02 6285 4445
Fax | 02 6285 4445
Email | haasa@haasa.org.au

Personal Details

Title: _____ QP# (if applicable): _____

Family Name: _____

Given Names: _____ Preferred Name: _____

Address: _____

City: _____ State: _____ Postcode: _____

AH ph: _____ M ph: _____ W ph: _____

Fax: _____ Email: _____

Mailing Address: (same as above YES / NO)

Address: _____

City: _____ State: _____ Postcode: _____

Payment - I wish to pay my membership fees by:

Cheque

Postal/Money Order

Direct Deposit *

**Please contact the HAASA Secretariat for Direct Deposit details.*



Membership Categories

	Full Membership	Associate Membership	Student Membership
I wish to apply for:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Academic Qualifications

Qualification	Institution Completed	Year

I have attached:

- a copy of my Certificate IV/Diploma in Hearing Device Prescription & Audiometry;
- OR** evidence of my enrolment in the above course;
- OR** a copy of my academic transcript indicating I am entitled to a Diploma in Audiometry or equivalent.

If you are applying for student membership please identify the name of your supervisor(s).

Supervisor Name: _____ Contact phone: _____

Contact Email: _____

Employment History

Full/Part time*	Start/End Date	Position	Employer

*If part time, please indicate number of hours working as an Audiometrist each week.

Responding to the following is mandatory:

I, _____ (print name)

DO / DO NOT (circle one) authorise HAASA to provide relevant membership information to the Office of Hearing Services (as required by the provisions of the Memorandum of Understanding).

Signed: _____ Date: _____

Declaration:

I declare that the above information is accurate and true. I acknowledge I may be required to substantiate the information to the Executive. I have read and understand the Code of Ethics of the Hearing Aid Audiometrist Society of Australia and agree to abide by it should my application be successful.

Signed: _____ Date: _____