

WHO'S YOUR  
AUDIOLOGIST?

Sounds<sup>+</sup>

## MEMBERSHIP FORM

Name

Address

| home |

| phone |

Address

| work |

| phone |

Email

Degree

| M.Sc. |

| AuD |

| University |

| Year |

Amount Due

\$350.00

New Membership

Renewal

Preferred Contact

| home |

| work |

I certify that I hold a graduate degree in Audiology from a Canadian University or its equivalent. I agree to abide by the code of ethics, by-laws and policies of Sounds<sup>+</sup> and that I have not been charged or convicted of any offense that might place me in breach of the aforementioned.

Signature

Please send payment along with this form to the address below.

P.O. Box 31229, Halifax, N.S. B3K 5Y1 | [info@youraudiologist.ca](mailto:info@youraudiologist.ca)

[www.youraudiologist.ca](http://www.youraudiologist.ca)