



2012 Corporate Membership Renewal/Application Form

EAA invites your organization to become a Corporate Member of the Educational Audiology Association. The price of EAA Corporate Membership is \$500.00 USD. This member status allows us to recognize your organization’s support of EAA and entitles you to unique marketing advantages.

CORPORATE MEMBER RECOGNITION

- Ability to submit new products information and press releases to the Educational Audiology Review newsletter (EAR is full color newsletter, 24 + pages and published quarterly).
- Informational listing of Corporate Members in each issue of the Educational Audiology Review newsletter.
- Informational listing of Corporate Members on the Educational Audiology Association web site.
(Please email your company logo and informational listing to EAA Staff admin@edaud.org for EAR newsletter and EAA web site.)
- Encouragement to serve on EAA Committees, especially the Summer Conference committee.
- Each Corporate Member is asked to submit at least 1 EAR Newsletter article per year on any Educational Audiology related topic. (May submit additional, articles should not be commercial in nature.) Deadlines: Feb. 8, May 8, August 8, November 8.

MARKETING OPPORTUNITIES FOR CORPORATE MEMBERS ONLY

- Unique options include EAR Newsletter, JEA (Journal), member E-Newsletter, web site and online store.
- 10% discount on all EAA advertising (EAA 2012 Media Kit attached).
- Member discounts on exhibits and sponsorships for the Summer Conference.

CORPORATE MEMBER COMMUNICATION

- Two Designated Representatives will receive all EAA communication & publications, including listserv subscription (all members are encouraged to participate in EAA’s listserv as long as their correspondence is not commercial in nature).

EAA CORPORATE MEMBERSHIP is just \$500 for the 2012 calendar year. TO JOIN, simply fill in the information below and send with your payment to the above address.

Organization Name: _____

Designated Representative #1: _____

Representative #1 Email: _____

Designated Representative #2: _____

Representative #2 Email: _____

Advertising Contact : _____

Advertising Contact Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Payment Type: Visa MasterCard Amex Check #: _____

Credit Card #: _____ Expiration Date: _____ CVC Code: _____

Authorized Signature: _____ Date: _____