

American Tinnitus Association

Membership Form

Thank you for your interest in the American Tinnitus Association. To join ATA as a member, please complete the form below. Please print out the blank form and complete it by hand and mail to the address at right.



Date: _____

Title: _____ **First Name:** _____ **Last Name:** _____ **Credentials:** _____
(Mr., Mrs., Dr., etc.) (MD, PhD, etc.)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Country: (if other than U.S.) _____ **Email Address:** _____

Demographic Information: In an effort to better understand tinnitus demographics, we'd like to ask you to share the following:

Age range: 18–30 31–45 46–60 61–80 81+ I prefer not to answer

Individual Membership includes a one-year subscription to Tinnitus Today and additional benefits to help you manage and understand your tinnitus.

ATA also offers **Professional Memberships**, catered to healthcare professionals involved in tinnitus management and research.

\$50 Individual Membership (within U.S.)

\$150 Professional Membership (Silver Level)

\$65 Individual Membership (outside U.S.)

\$300 Professional Membership (Gold Level)

This payment is to renew my existing ATA Membership

Additional Donation: (Optional) _____
Contributions help fund ATA's ongoing research and support programs.

TOTAL AMOUNT ENCLOSED: _____

Payment made by: Credit Card Check (Payable to "ATA")

Credit Card Type: MasterCard Visa American Express Discover

Credit Card Number: _____ - _____ - _____ - _____ **Expiration Date:** _____ / _____

Signature: _____

Thank you for your support of the American Tinnitus Association!