

CONNECTICUT SPEECH-LANGUAGE-HEARING ASSOCIATION, INC.

124 Kennerson Rd

Eastford, CT 06242

(860) 377-9066 e-mail: CSHA@ctspeechhearing.org

MEMBERSHIP APPLICATION FOR July 1, 2011-June 30, 2012

Please check one: () Audiologist () Speech-Language Pathologist () Both

Name (Last, First, Initial) _____

Maiden Name (used for obtaining past records) _____

Street Address _____ County _____

City _____ State _____ Zip Code _____

Home Phone: _____ Work Phone: _____

E-Mail Address _____ **Employer** _____

REQUIRED

Type of membership you are applying for (please check one)

() **Voting Membership...** \$60.00 – Master’s Degree or equivalent in Speech-Language Pathology, Audiology, or related areas.

For SLP’s and Audiologists in their first year employment, dues are waived. You must obtain a signature from your employer or supervisor.

_____ Place of Employment

_____ Employer or supervisor signature

() **Professional Affiliate Membership...** \$60.00 – Professionals interested in the field of Speech-Language Pathology or Audiology, but not actively engaged in clinical services, teaching, or research or individuals who are presently waiting to meet voting requirements.

() **Full-Time Student...** No Charge if you are currently a full-time student in Speech-Language Pathology/Audiology/Speech Science or related field. **You must complete all of the following:**

_____ College/University presently attending and expected year of graduation

_____ Major

_____ Faculty Contact Name

_____ Faculty Contact email address

() **Life Membership...**No charge if you are a Voting Member who is 65 years of age, has held membership for (10) consecutive years, and is no longer employed full-time. The 10 years of consecutive membership must immediately precede attaining age 65.

Are you a new member?

Were you a past CSHA member?

Yes ____ No ____

Yes ____ No ____

(next page)

Please complete educational background for the 2011 Membership Directory

<u>Educational Background</u>	<u>Institution</u>	<u>Yr. Degree Obtained</u>
BA/BS (circle one)	_____	_____
MA/MS (circle one)	_____	_____
6 th Year	_____	_____
Ph.D.	_____	_____
Other	_____	_____

⇒ Are you a current member of ASHA? _____ Yes _____ No
ASHA Certification Status: () CCC-SLP () CCC-A () CFY

⇒ Current CT License Status:
() Speech Pathology () Audiology () Supervised Experienced Year

⇒ CT Speech & Hearing Association Foundation Scholarship Fund:
Suggested tax-deductible gift to support the Foundation
\$10.00 _____ Other \$ _____

⇒ Committee Participation: Please indicate which committees you would be interested in serving on:

- () Audiology
- () Ethical Practice
- () Honors and Nominations
- () Early Childhood
- () Memberships Multicultural Affairs
- () Prevention
- () Private Practice
- () Public Information
- () School Affairs
- () None at this time

I acknowledge and support the Constitution, By-Laws and the Code-of-Ethics of the CT Speech-Language-Hearing Association, Inc. (posted on the [CSHA](#) website)

Name (print) _____ Signature _____
Date _____

Please include a check made out to [CSHA](#) for the appropriate membership fee shown on the first page and mail with this form to: [CSHA](#), 124 Kennerson Rd., Eastford, CT 06242. You will receive a confirmation email with your login information and password at the email address provided on the first page. NOTE THAT YOUR EMAIL ADDRESS IS YOUR LOGIN NAME TO ACCESS THE MEMBER-BENEFITS OF OUR WEB SITE.

For Voting Members only: Once you receive the confirming email, we invite you to become part of our Public Referral and Bilingual Services Directory. Simply login to the [CSHA](#) website and navigate to the very bottom left of the website to the Members-only section where you can click on the Public Referral and Bilingual Services Information Form to enter your information.