



P.O. BOX 1538  
CONCORD, NH 03302-1538

## MEMBERSHIP BILL

Membership Term: July 1, 2008 – June 30, 2009

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

\_\_\_\_\_ New Member \_\_\_\_\_ Renewing Member

### 2. Credentials (Please check the appropriate selections):

\_\_\_ Speech-Language Pathologist, Department of Allied Health      \_\_\_ Speech Specialist, Department of Education

\_\_\_ Audiologist      \_\_\_ Speech-Language Assistant

\_\_\_ Other Certification(s), License(s) – Please list: \_\_\_\_\_

### 3. Current ASHA Status (If applicable):

\_\_\_ CCC-SLP      \_\_\_ CCC-A      \_\_\_ CFY      \_\_\_ Not a current ASHA member

### 4. Membership Type (Please check):

\_\_\_ Full Member (\$60)      \_\_\_ Associate Member (\$50 – SLS, SLA)

\_\_\_ CFY/New Graduate (\$30)      \_\_\_ Student (\$20)

### 5. Employment Setting (Please check all that apply):

\_\_\_ Early Intervention      \_\_\_ Schools      \_\_\_ Medical      \_\_\_ College/University      Other \_\_\_\_\_

6. I wish to receive future conference brochures and information via e-mail.      \_\_\_ Yes      \_\_\_ No

*When your membership fee has been received, you will be e-mailed a receipt along with a printable membership card. Thank you for your continued support of the New Hampshire Speech, Language and Hearing Association.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_