**NHSLHA**

**PO BOX 1538 MEMBERSHIP APPLICATION**

**CONCORD, NH**

**03302-1538**

[**nhslha@gmail.com**](mailto:nhslha@gmail.com)

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_ Zip: \_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**County: (please make sure to note this): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**1. Credentials (Please check the appropriate selections):**

\_\_\_ Licensed Speech-Language Pathologist**\***, Office of Allied Health

MS MA M Ed PhD

\_\_\_ Speech-Language Specialist**\***, Department of Education

MS MA M Ed PhD\_\_\_ Audiologist**\*** MS Aud D

\_\_\_ Speech-Language Assistant**‡** AS BS \_\_\_ BA \_\_\_ Undergraduate Student**\*\*** \_\_\_ Graduate Student**\*\***

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

**2. Current ASHA Status (If applicable):**\_\_\_ CCC-SLP \_\_\_ CCC-A \_\_\_ CF \_\_ Not ASHA Certified

**3. Membership Type (Please check):**\_\_\_ **\***Full Member ($60) \_\_\_ **\*\***Clinical Fellow/Student Member (FREE)

\_\_\_ **‡**Associate Member ($30) \_\_\_ Retiree Member ($10) (no longer working)

\_\_\_ Life Member (FREE)

\_\_\_ Courtesy Member (FREE) Association: Member # \_\_\_\_\_\_\_

**4. Employment Setting (Please check all that apply):**\_\_\_\_ Early Intervention \_\_\_\_ Schools

\_\_\_\_ Medical \_\_\_\_ College/University

Other (Please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

**5. Would you be interested in a volunteer role with NHSLHA?** \_\_\_Y \_\_\_N

**Note:** *When your membership fee has been received, a receipt will be e-mailed to you with a printable membership card.*

***The NHSLHA membership runs from March 1 to February 28.***

Thank you for your continuing support of NHSLHA.

**Signature: Date:**

*Rev: 6/17*