

# Kansas Speech-Language-Hearing Association

Membership Form 2017

Name \_\_\_\_\_

Title or Position \_\_\_\_\_ Work Phone \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

Employer Name \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Employer Street Address \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer City, State, Zip \_\_\_\_\_

## Field:

Speech-Language Pathology  
 Audiology  
 Other \_\_\_\_\_

## Affiliation Categories

**Member (\$70 Annual Dues)** Must hold Master's degree or equivalent in Speech-Language Pathology, Audiology or associated sciences. Receives voting privileges and is eligible for office. (A full-time doctoral student may receive 50% waiver with written verification from advisor).

\*\*\*Sign below to indicate that you agree to the KSHA Code of Ethics (found at [ksha.org](http://ksha.org))

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

**Life Member (\$10 Annual Dues)** Any member who has held membership for fifteen years and has attained the age of 65 may apply for life membership by written request to [ksha@ksha.org](mailto:ksha@ksha.org). Full member privileges.

**Associate (\$20 Annual Dues)** Any individual who does not meet Full Member criteria, but is interested in speech-language-hearing.

**Student (\$20 Annual Dues)** Any student enrolled in Speech-Language-Pathology and/or Audiology. No voting privileges. Date of anticipated graduation \_\_\_\_\_

*Please be sure to update your address at [ksha.org](http://ksha.org) to continue to receive KSHA mailings and to receive your first year of full membership for FREE!*

## Highest Degree:

B.A.  Au.D  
 B.S.  Ph.D.  
 M.A.  Other \_\_\_\_\_  
 M.S.  
University \_\_\_\_\_ Year of Degree \_\_\_\_\_

## Occupational Setting (Primary-1; Secondary-2):

Public/Private School  University  
 Hospital  Infant-Toddler  
 Private Practice  Long-term Care  
 Rehab  Clinic  
 Student  Other \_\_\_\_\_

**ASHA Member?**  Yes  No  NSSLHA  
If yes, ASHA membership number \_\_\_\_\_

CCC-A  CCC-SLP  CCC-SLP/A  CFY

**AAA Member?**  Yes  No  
If yes, AAA membership number \_\_\_\_\_

## Do you wish to become active in KSHA or volunteer for association activities?

Yes  No

## Please indicate area(s) of interest: (Primary-1; Secondary-2)

Membership  Public Relations  
 Ethical Practices  Preschool Services  
 Public School Services  Finance  
 Continuing Education  Honors  
 Annual Conference  Licensure  
 Legislation  Nominations  
 Executive Board  Publications

## Payment Information

Check enclosed made payable to KSHA-148 S. Bay Country Ct. Wichita, KS 67235

Credit Card - **CIRCLE ONE:** Visa Mastercard Discover AMEX

Cardholder Name: \_\_\_\_\_

Number: \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV code (last 3 digits on the back) \_\_\_\_\_

Signature \_\_\_\_\_

Last year of membership \_\_\_\_\_ Today's date \_\_\_\_\_

**Who invited you to join KSHA?** \_\_\_\_\_



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Wichita, KS 67235  
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Fax (316) 202-2299  
[Ksha@ksha.org](mailto:ksha@ksha.org)  
[www.ksha.org](http://www.ksha.org)