WISCONSIN SPEECH-LANGUAGE PATHOLOGY and AUDIOLOGY PROFESSIONAL ASSOCIATION

1360 Regent Street
#154
Madison, Wisconsin 53715

800-545-0640
Fax: 888-729-3489
www.wisha.org
wsha@wisha.org

WSHA-P 2009-2010 MEMBERSHIP APPLICATION

Membership Year: July 1, 2009 - June 30, 2010

Mailing labels and online directory information are prepared based on the information supplied.

Membership ID# (for renewing members): _____

Name: _____

Primary Address: _____

_____

Primary Phone: _____

County of Residence: _____

Email: _____

Employer: _____

Work Phone: _____

Fax: _____

❒ Check here if you want your mailing information omitted from labels sold for non-WSHA-P related activities.

DEGREE: ❒ BA ❒ BS ❒ MA ❒ MS ❒ MST ❒ PhD ❒ AuD ❒ Other _____

LICENSE/S: ❒ DRL - Aud ❒ DRL - SLP ❒ DPI - Aud ❒ DPI - SLP

ASHA Certification/s: ❒ CCC-A ❒ CCC-SLP ❒ CF-A ❒ CF-SLP

WORK SETTING/S: ❒ Business/Non-Clinical ❒ Center/Clinic ❒ Hospital ❒ Long Term Care ❒ Outpatient Off ce ❒ Private Practice ❒ School ❒ Research Facility ❒ University ❒ Other _____

AGES SERVED: ❒ All ❒ Birth-3 ❒ Early Childhood (3-5) ❒ Elementary School (6-11) ❒ Middle/High School (12-18) ❒ Adults ❒ Geriatrics

Would you be interested in participating in the WSHA-P Referral Program? ❒ Yes ❒ No

WSHA-P welcomes volunteers. Please check your area of interest:

❒ Executive Board ❒ Audiology ❒ Birth-to-3 ❒ *Communication Connection*
❒ Convention ❒ Development ❒ Governmental Affairs ❒ Health Care
❒ Honors ❒ Member Relations ❒ School Services ❒ Students

36% of WSHA-P dues for 2009-2010 cannot be deducted as a business expense for federal income tax purposes due to our lobbying activities. (This is not a PAC.)

Thank you for your support of WSHA-P.

The WSHA-P Student Sponsorship Program enables professional SLPs and audiologists to provide full or partial sponsorship for WSHA-P memberships to current graduate students in speech-language pathology or audiology. The fee for sponsoring a student is $25 per year.

MEMBERSHIP ELIGIBILITY & DUES

❒ Regular Member $95
Persons with a graduate degree in speech-language pathology, audiology, speech, language or hearing science, or education of the hearing impaired; or a graduate degree and evidence of research, interest and performance in human communication.

❒ Associate Member $90
Persons with an undergraduate degree, or a graduate degree in related professional disciplines, or with an interest in speech, hearing or language who do not qualify as Regular Members.

❒ Honorary (Life) Member ..... No Fee
Persons having a long-term af f liation with WSHA-P, significant contribution to the profession or other criteria as stated in the Association's Policy & Procedures. Current life members may continue this status. Annual dues shall be waived in perpetuity.

❒ Student Member $25
Persons currently enrolled full-time in a college or university within the state of Wisconsin majoring in communicative disorders, speech-language pathology, audiology or related disciplines.
Students, please include school and department chair signature:

_____

_____

DROP IT IN THE MAIL OR FAX TO (888) 729-3489

Make check payable to WSHA-P
1360 Regent Street #154
Madison, WI 53715

MembershipDues: $_____

Student Member Sponsorship: $ 25 *(optional)*

WSHA Foundation $_____
(Please include separate check made payable to the WSHA Foundation)

Total Payment $_____

METHOD OF PAYMENT

Make check payable to "WSHA-P" or check your choice of credit card and complete account information.

❒ Visa
❒ MasterCard
❒ Discover

x _____
Your Signature

CREDIT CARD ACCOUNT NUMBER

EXPIRATION DATE

SECURITY CODE (last 3 digits on back of card)