

563 Carter Court Suite B Kimberly, WI 54136

WSHA 2024-2025 MEMBERSHIP APPLICATION

Phone: 920-560-5642 Fax: 920-882-3655 www.wisha.org wsha@badgerbay.co

Membership Year: July 1, 2024 - June 30, 2025 (DUES ARE NOT PRORATED)

RENEW ONLINE TODAY! You may renew your membership on the WSHA website in just a few simple steps. You will be approved as soon as payment is processed.

- 1. Visit us online at: www.wisha.org
- 2. Log into your online profile
- 3. Navigate to Manage Profile Select "Memberships"
- 4. Click "Securely renew your membership" and an invoice will automatically be generated and emailed to you.

You may also fill out the form and mail back with your payment.

Name:		
Home Address:		
	State:	Zip:
Home Phone:		
County of Residence:		
Email:		
Employer:		
City:	State:	Zip:
Work Phone:	Fax:	
ASHA CERTIFICAT	PS-AuD DSPS-SLP DPI-AuD DI-AuD DI-AuD DSPS-SLP DCF-S Business/Non-Clinical Center/Clinic Long-Term Care Outpatient Office Private Practice Research Facilities Other:	LP Hospital School University
	All Dirth-3 Early Childhood (3-5) Middle/High School (12-18) Adults	
 Executive Board Governmental Aff 	volunteers. Please check your area o Audiology Birth-to-3 Newslett fairs Health Care Awards Men SLP and Au.D. Students	er Convention
	for 2024-2025 cannot be deducted as a busi purposes due to our lobbying activities. (Th	

Thank you for your support of WSHA!

Please make checks payable to: WSHA, 563 Carter Ct, Suite B, Kimberly, WI 54136

MEMBERSHIP ELIGIBILITY & DUES			
	Regular Member		
	Associate Member		
	Recent Graduate\$75 The Recent Graduate category includes professionals in their first 3 years in practice. Recent Graduates in the first year following graduation receive COMPLIMENTARY membership.		
	Retired/Life Member\$25 Persons who meet the requirements of Regular Members, but in addition have retired from Regular practice or have achieved an emeritus status.		
	Student Member\$25 Persons currently enrolled full-time in a college or university majoring in communicative disorders, speech language pathology, audiology or related disciplines. (FREE if part of a NSSLHA or SAA program. Please indicate NSSLHA or SAA name:)		
RETURN BY MAIL OR FAX TO (920) 882-3655			
Membership Dues \$			
Affiliate Member Discount \$ (Subtract \$25 from your Regular membership if your organization is a Corporate Affiliate Member of WSHA)			
То	otal Payment \$		
WSHA Foundation \$ (Please include a separate check made payable to WSHA Foundation)			
	METHOD OF PAYMENT		
	VISA MasterCard Discover AmEx		
Card Number:			
Name on Card:			
Carc	Holder Address:		

Exp Date: _____/____ CVV Code: _