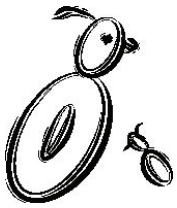

ARIZONA SPEECH-LANGUAGE-HEARING ASSOCIATION

700 MCKNIGHT PARK DRIVE, SUITE 708
PITTSBURGH, PA 15237
PHONE: 855-727-2836
FAX: 888-729-3489
WWW.ARSHA.ORG
ARSHA@ARSHA.ORG
ArSHA FED. TAX #86-0264309

ArSHA MEMBERSHIP APPLICATION

Membership Year: October 1, 2017 through September 30, 2018

Name: _____

Credentials: _____

Address: _____

_____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Current Employer: _____

Position/Title: _____

❒ Include my information in the "Find an SLP/AUD" online member directory.

❒ Please include my email on the ArSHA listserv for Association communications.

PLEASE CHECK ALL THAT APPLY:

HIGHEST DEGREE EARNED:
❒ Bachelors
❒ Masters in SLP/AUD
❒ Doctorate in SLP/AUD

ASHA STATUS:
❒ CCC-A ❒ CCC-SLP
❒ CCC-SLP/A ❒ CFY-SLP
❒ CFY-AUD ❒ Student

AGES SERVED:
❒ Birth - 3 ❒ Early Childhood (3-5)
❒ School Age ❒ Adult
❒ Geriatric

WORK SETTING:
❒ School-Based ❒ Private Practice
❒ College/University ❒ VA Facility
❒ Center/Clinic ❒ Student
❒ Home Care ❒ Retired
❒ Long-Term Care

GET INVOLVED WITH ArSHA!
I am interested in the following committees:
❒ Audiology
❒ Membership
❒ Programs
❒ Ethical Practices
❒ Public Relations
❒ Medical SLP
❒ Early Intervention
❒ Public Schools
❒ SLPA
❒ Multicultural
❒ Private Practice
❒ Rural Practice

AREA OF SPECIALTY:

Audiology
❒ Evoked Potential Testing
❒ Central Auditory Processing Evaluation
❒ Infant Hearing Screens
❒ Occupational Audiology/Hearing Conversation
❒ Sound Survey
❒ Otoacoustic
❒ Assisted Listening Devices
❒ Cochlear Implants
❒ Hearing Aid/Product Dispensing
❒ Balance Assessment Treatment
❒ Sign Language

Speech-Language Pathology
❒ Total Communication
❒ Augmentative Communication
❒ Cognitive Disorder
❒ Orofuncational Myofunctional Therapy
❒ Feeding and Swallowing Disorders
❒ Aphasia
❒ Apraxia
❒ Head Trauma
❒ Aural Rehabilitation
❒ Accent Reduction
❒ Autism
❒ Early Childhood Intervention
❒ Voice
❒ Stuttering
❒ Articulation
❒ Oral Motor
❒ Multi-Handicapped
❒ Bilingual: Language _____
❒ Other

MEMBERSHIP ELIGIBILITY & DUES

❑ **Active Member.....$100**
Active members shall possess, as minimal requirements, a Masters Degree or equivalent with a major emphasis in Speech Pathology, Audiology, Speech and Hearing Science or research of human communication. Active Members have voting privileges.

❑ **Associate Member $75**
Associate membership is awarded to those persons who hold a degree in a field related to human communication, but who are ineligible for Active Membership, Student Membership or Life Membership. Associate Members include individuals who are working in a support position offering audiology or speech-language pathology services. Associate Members cannot vote.

❑ **Student Member.....$15**
Student membership shall be granted to those persons who are enrolled as Full-time and part-time undergraduate and graduate students in an accredited college or university degree program and who are recognized by that institution as majors in Speech-Language Pathology, Communication Disorders, Audiology or Speech and Hearing Science. Full-time doctoral students in an accredited college or university degree program and who are recognized by that institution as a student in Speech-Language Pathology, Communication Disorders, Audiology or Speech and Hearing Science. Student members cannot vote.

❑ **Life Member.....No Fee**
Life membership will be awarded to any Active Member who has attained the age of 65. All privileges of an Active Member will be granted to Life Members without payment of annual dues. Life Members have voting privileges. (Please contact the ArSHA Office to apply for this category.)

METHOD OF PAYMENT

AMOUNT DUE:

DUES: $_____
LEGISLATIVE FUND CONTRIBUTION: $_____
GENERAL FUND CONTRIBUTION: $_____
TOTAL AMOUNT DUE: $_____

Renew Online - Visit www.arsha.org and log in to your account to pay online with a credit card.

Mail/Fax - Complete this form and mail/fax it to the ArSHA Office with your method of payment.

❒ Check (payable to ArSHA)
❒ Visa ❒ MasterCard ❒ Discover ❒ American Express

x_____
Signature

EXPIRATION DATE

CREDIT CARD ACCOUNT NUMBER

Submission of this form confirms that I have read the ArSHA Code of Ethics and pledge to abide by its prescribed professional standards. (The Code may be viewed on the website, www.arsha.org.)