



The North Carolina Speech, Hearing and Language Association, Inc.
530 North Person Street
PO Box 28359 • Raleigh, NC 27611-8359
Telephone: 919-833-3984
Fax: 919-832-0445

www.ncshla.org

MEMBER INFORMATION FORM for Membership Year July 1, 2007 June 30, 2008

Last Name: _____ First Name: _____ Initial: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work/School Phone: (____) _____

Fax Number: (____) _____ E-mail Address: _____

Employment Type: _____ 1. Private Practice Owner/Partner _____ 5. Postsecondary Training Program
_____ 2. Private Practice Employee _____ 6. Public Health/Home Health
_____ 3. Public or Private Schools _____ 7. Administration
_____ 4. Hospital/Clinic/Convalescent Center _____ 8. Student

Employer or Training Program: _____

Work or School Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____ County: _____

Renew / Join early and save. Deduct \$10 from your membership dues - payment must be received by September 1, 2007(postmark).

Category of NCSHLA Membership Desired:

- ___ 1. **Active** (dues \$90)* Active members are voting members of the Association and enjoy all NCSHLA privileges. Active members are those holding at least a master's degree in speech/language pathology, audiology, speech/hearing science, education of the hearing-impaired or a related field, or other master's degree and evidence of research and/or performance in the field of communication disorders. Members in good standing of the American Speech-Language-Hearing Association are automatically eligible for Active status.
- ___ 2. **Associate** (dues \$70)* Associate members have all NCSHLA privileges except voting and holding office. Associate membership is open to those with less than a master's degree and those who are currently employed in the professions of speech/language pathology, audiology or related areas, but who are not eligible for Active membership.
- ___ 3. **Student** (dues \$35)* Student members have all NCSHLA privileges except voting and holding office. Student membership is open to graduates or undergraduates majoring in speech/language/hearing or related areas in accredited North Carolina college, or university programs, but who are not eligible for Active membership.
- ___ 4. **Doctoral Student** (dues \$35)* Doctoral Student members are current, or eligible, for active membership of the Association and are enrolled in a doctoral program for speech-language pathology, audiology, or other related fields. You can apply for a reduced rate at the student level for up to three years and retain voting privileges. Proof of doctoral program enrollment must be attached for approval by the NCSHLA Membership and Recognition Committee. **Doctoral students are required to submit an application and proof of doctoral program enrollment annually for approval.**

***NOTE:** NCSHLA dues are a business expense (not a charitable contribution) as allowed by federal and state tax laws and may be deductible as a non-reimbursed business expense, up to 80% of the total amount paid.

Highest Degree Earned: 1. Bachelor's or Associate degree
 2. Master's degree
 3. Doctorate

Sex: _____
Race/Ethnicity: _____
(for statistical purposes only)

Principal Area of Practice or Study: 1. Speech/language
 2. Audiology
 3. Both speech and audiology
 4. Education of the deaf
 5. Other _____

Do you offer bilingual services?
 No
 Yes (language _____)

American Speech-Language-Hearing Association (ASHA) affiliation:
 1. Member only
 2. Member and Certificate of Clinical Competence
 3. Certificate only

4. None
 5. Student (NSSLHA)

ASHA Certificate of Clinical Competence: 1. Audiology 3. Both audiology and speech
 2. Speech/language 4. None

American Academy of Audiology (AAA) affiliation: Fellow Affiliate Candidate

Do you wish to be a member of the North Carolina AAA chapter (no additional fee)? No Yes

Are you licensed by the NC Board of Examiners (including temporary)? No Yes (number _____)

Are you registered by the NC Board of Examiners as an SLP Assistant? No Yes

Are you licensed by the NC Hearing Aid Dealers and Fitters Board? No Yes (number _____)

Are you certified by the NC Department of Public Instruction? No Yes

Which type of "umbrella agency" establishes policy for your work setting?

- 1. State Department other than Department of Public Instruction
- 2. State Department of Public Instruction
- 3. Federal agency, including Veterans Affairs, Head Start, etc.
- 4. County or City agency, including health departments, public hospitals, etc.
- 5. Private, including small or large practices, institutions, hospitals, and agencies
- 6. Student
- 7. University, college, or community college

***Active** applicants include license number OR a copy of ASHA/AAA card, G certificate, or degree.

***Associate** applicants have employer or supervisor sign: _____

***Student** applicants have program chair or coordinator sign: _____

Please sign, date, and return this form,
with the appropriate dues and documentation,

How did you learn about NCSHLA? _____

to: _____
NCSHLA Membership

PO Box 28359

Raleigh, NC 27611-8359

Applicant Signature: _____ Date: _____

NOTE: Corporate memberships are available to entities interested in supporting the professions of speech/language pathology and audiology but not otherwise eligible for membership (e.g., rehab agencies, private practices, hospitals, product suppliers, etc.). Please write or call the NCSHLA Central Office for more information.