



North Carolina Speech Hearing & Language Association, Inc.

Please sign, date, and return this form, with the appropriate dues and documentation, to:
NCSHLA Membership, PO Box 28359, Raleigh, NC 27611-8359

Tel: (919) 833-3984 • Fax: (919) 832-0445 • info@ncshla.org • www.ncshla.org

NCSHLA MEMBERSHIP APPLICATION

ANNUAL MEMBERSHIP BEGINS JULY 1ST OF EACH YEAR

MEMBER INFORMATION

Name: _____ Male Female
Mailing Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Email Address: _____
Race/Ethnicity: _____ County: _____
(for statistical purposes only)

Highest Degree Earned: 1. Bachelor's / Associate's
 2. Master's 3. Doctorate (AuD, PhD)
Principal Practice or Study: 1. SLP 4. Deaf Education
 2. Audiology 5. Other
 3. Both speech and audiology

Quarterly electronic newsletter - Communiquie

EMPLOYMENT

Employer: _____
Job Title: _____
Bilingual Services? No Yes (language _____)
Work Setting:
 1. Private Practice Owner/Partner 5. Postsecondary
 2. Private Practice Employee 6. Public Health/Home Health
 3. Public or Private Schools 7. Administration
 4. Hospital/Clinic/Convalescent Center 8. Student

NCSHLA MEMBERSHIP CATEGORIES

1. Active Dues \$100
Master's Degree or equivalent.
 2. Associate Dues \$90
Bachelor's Degree Only (non-voting)
 3. Student Dues \$25
Provide school verification.
 4. Doctoral Student Dues \$25
Annual proof of doctoral program enrollment attached for approval.

~ Notes on Membership ~

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

* 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.

NCSHLA's Federal Tax ID # is 23-7220323

How did you learn about NCSHLA? _____

What is the most important task you think NCSHLA should accomplish this year?
Please provide a measurable outcome NCSHLA should create, establish, generate, etc.

STUDENTS ONLY - College/University: _____
 Signature of University Department Chairman/Advisor/Clinical Supervisor:
X _____

LICENSURE

American Speech-Language-Hearing Association (ASHA) affiliation:
 1. Member only 3. Certificate only 5. Student
 2. Member and Cert. of Clinical Competence 4. None

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

American Acad. of Audiology affiliation: Fellow Affiliate Candidate

Are you licensed by the NC Board of Examiners (inc. temporary)? No Yes

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

Are you licensed by the NC HADFB? No Yes

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

Name on Card _____
Billing Address _____
Billing City _____ State _____ Zip _____
Card Number _____
Exp. Date _____
Type Visa MasterCard
Automatically Renew Membership on July 1st Annually? Yes No

Applicant Signature _____ Date _____