



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 288803, Greensboro, NC 27438

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

NCSHLA MEMBERSHIP APPLICATION

ANNUAL MEMBERSHIP BEGINS JULY 1ST OF EACH YEAR

MEMBER INFORMATION

Name: _____ M F

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Race/Ethnicity: _____ County: _____

(for statistical purposes only)

No other changes. Payment is enclosed.

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

NCSHLA is Going Green! - Communique posted on website.

EMPLOYMENT

Employer: _____

Job Title: _____

Bilingual Services? No Yes (language _____)

Work Setting:

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

STUDENTS ONLY - College/University: _____

Signature of University Department Chairman/Advisor/Clinical Supervisor:

X _____

LICENSURE - NC Board of Examiners License Number: _____

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 (incl. Temp)? 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

NCSHLA MEMBERSHIP (Category of NCSHLA Membership Desired)

- 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.

* 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.

Visa MasterCard (American Express/Discover not accepted)

Name on Card _____

Billing Address _____

Billing City _____ State _____ Zip _____

Card Number _____

Exp. Date _____ Security Code _____

Automatically Renew Membership Annually? Yes No

Applicant Signature

Date