



# Membership Application and Directory Update For 2009

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 (Please ensure that we have your correct email address!)

Phones:  
 Home \_\_\_\_\_ Work \_\_\_\_\_  
 Cell \_\_\_\_\_ Fax \_\_\_\_\_

Do you want your name available to vendors?  YES  NO

Check One:

- Voting Member \$75 Master's in Communication Disorders/SLP/Audiology;  
Speech/Hearing Sciences
  - Associate Member \$40 Bachelors in Communication Disorders
  - Inactive Member \$40 Students studying SLP or Audiology, SLPA, allied professionals  
\$25 currently out of State, unemployed or retired  
Contribution to scholarship fund
- Total paid \$ \_\_\_\_\_

Are you an ASHA member?  NO  CCC-SLP  CCC-A  CCC-S/A

Do you have an Alaska License?  NO  SLP  Audiology

Do you have an ASHA specialty recognition? \_\_\_\_\_

If someone encouraged you to join AKSHA, please list his or her name: \_\_\_\_\_

Please check all of the following work settings that apply to you. What is your caseload for each?

School District:	Clinic / Hospital:	Private Practice:
Name: _____	Name: _____	Name: _____
Birth-3 years _____	Primary _____	Adult _____
Pre-School _____	Secondary _____	Other: _____

Educational Background:

Degree	Area	Year	Institution

Continuing Ed Topic(s) Preferred: \_\_\_\_\_

Please indicate if you are interested in working on any of the following AkSHA committees:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Convention       | <input type="checkbox"/> Newsletter           | <input type="checkbox"/> Continuing Education |
| <input type="checkbox"/> Membership       | <input type="checkbox"/> Schools              | <input type="checkbox"/> SLPA                 |
| <input type="checkbox"/> Audiology        | <input type="checkbox"/> Ethics / Regulations | <input type="checkbox"/> Nominations / Awards |
| <input type="checkbox"/> Rural Networking | <input type="checkbox"/> Scholarship          | <input type="checkbox"/> Recruitment          |

Do you supervise: SLPAs? \_\_\_\_\_ CFYs? \_\_\_\_\_

Are you interested in presenting or having a poster session at a convention?  
 If yes, what topic? \_\_\_\_\_

Regarding the VOICE, are you interested in:

Writing an article? \_\_\_\_\_ Placing an ad? \_\_\_\_\_

Membership renewal is now on the calendar year cycle, and dues are due January 1<sup>st</sup> of each year. Thank you for joining AkSHA! Sandra Jamison, Membership Chair

Please mail completed application to:  
 Sandra Jamison, 1327 Kalakaket Street, Fairbanks, AK 99709