



Membership Application and Directory Update For: 2020

Name: _____ **Today's Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

(Please ensure we have your correct email !)

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 or Speech/Hearing Sciences

_____ **Associate Member** \$40 Bachelors in Communication Disorders

\$40 Students studying SLP or Audiology, SLPA, allied professionals

_____ **Inactive Member** \$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

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: Name: _____	Clinic / Hospital: Name: _____	Private Practice: 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: SLPA's? _____ CFY's? _____

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

Regarding the VOICE, do you prefer: Digital? _____ Hard Copy? _____ Both? _____

Would you like to be added to the AKSHA Facebook Group? Yes _____ No _____

Membership renewal is now on the calendar year cycle, and dues are **due January 1st** of each year.

Thank you for joining AkSHA!

Please mail completed application to: Alaska Speech-Language-Hearing Association PO Box 111993 Anchorage, Alaska 99511