

## Kentucky Speech-Language-Hearing Association

## Professional Development | Advocacy | Collaboration | Education

838 East High Street, Suite 263, Lexington, KY 40502

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## KSHA MEMBERSHIP APPLICATION

Member Information	tax purposes, but may b	are not deductible as a charitable contribution for U.S. federal income be deductible as a business expense. KSHA estimates that 26% of your because of KSHA's lobbying activities on behalf of its members.
Name:	Credentials:	Membership Dues
Address:		□ Full Member
City: Stat	e: Zip:	committees.
work #: cell email:		□ Associate Member/SLPA\$45 Person in the fields of speech-language pathology and/or audiology who do not meet the eligibility requirements of a Full or Student Member. Associate/ SLPA members have the same benefits as a Full Member except the right to vote and hold office.
<ul> <li>Please remove me from the KSHA Listserv.</li> <li>Check here if you want your information omitted from labels sold for CEU offerings and profession-related opportunities.</li> </ul>		(Note: Members holding bachelors degrees but "grandfathered-in" as SLPs have Full Member privileges and join at the Full Member rate.)
□ Include my information in the Public Referral Dire	ctory.	Recent Graduate
Residing County:		Student MemberFREE
Employer: Position:		Currently enrolled full-time in SLP or AUD degree program. May not vote, hold office or chair committees. <i>Membership Application Required.</i>
KY License (check all that apply):         SLP       AUD       Dual (AUD/         Interim SLPA       Interim AU         Highest Degree Earned:       Bachelor       Master	D Hearing Instrument Specialist	Graduation Date:   SLP   AUD University: Signature of Program Director or faculty member 
Memberships and Certifications		Payment Options
ASHA Member       CCC-AUD       CCC-SLF         NSSLHA       NAFDA       CFY SLF         SLP with KY teacher certification       SLPA with CFY SLF         Teacher certification in other states		<ul> <li>Renew Online - Visit <u>www.ksha.info</u> and log in to your account to pay online with a credit card. A 3% credit card processing fee will be applied.</li> <li>Mail/Fax - Complete this form and mail/fax it to the KSHA Office with your method of payment.</li> </ul>
Work Setting  School  Preschool University/College	Ages Served All Ages Dewborn Preschool School Age Adult Geriatric	<ul> <li>Check (payable to KSHA)</li> <li>Visa MasterCard Discover American Express Note: A 3% credit card fee applies.</li> </ul>
<ul> <li>Hospital/Rehab</li> <li>Federal or State Agency</li> <li>Private Practice</li> <li>Long-Term Care</li> <li>ENT/Medical Practice</li> <li>Retired</li> <li>Other</li> </ul>	Want to Get Involved? Serving on a committee is a great way to show your support! Convention Newsletter Public Schools Scholarships KY Governmental Affairs Membership/Promotions	X         YOUR SIGNATURE         CREDIT CARD ACCOUNT NUMBER         EXPIRATION DATE         Image: Second