Kentucky Speech-Language-Hearing Association

KSHA: 838 East High Street, Suite 263, Lexington, KY 40502 • 800-837-2446 • fax: 888-729-3489
website: www.ksha.info • email: kshaoffice@ksha.info

2012 KSHA MEMBERSHIP APPLICATION

Member Information

For income tax purposes, the deductibility of payments to KSHA for dues and contributions is subject to restrictions imposed as a result of KSHA's lobbying activities. The nondeductible portion of your dues, the portion of which is allocable to lobbying, is 20%.

Membership #: _____

Name: _____ **Credentials:** _____

Address: _____

_____

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

work #: _____ **home #:** _____

cell #: _____ **fax #:** _____

email: _____

❑ Please add me to the KSHA Listserv

❑ Check here if you want your information omitted from labels sold for CEU offerings and profession-related opportunities.

County: _____

Employer: _____

Position: _____

KY License *(check all that apply):*

❑ SLP ❑ AUD ❑ Dual (AUD/SLP) ❑ SLP Assistant ❑ Interim SLP
❑ Interim SLPA ❑ Interim AUD ❑ Hearing Instrument Specialist

Highest Degree Earned: ❑ Bachelor ❑ Master ❑ Doctoral

Memberships and Certifications

❑ ASHA Member ❑ CCC-AUD ❑ CCC-SLP ❑ CCC-AUD & CCC-SLP
❑ NSSLHA ❑ NAFDA ❑ CFY SLP ❑ CFY AUD
❑ SLP with KY teacher certification ❑ SLPA with KY teacher certification
❑ Teacher certification in other states _____

Work Setting

❑ Public School
❑ Private School
❑ Preschool
❑ University
❑ Hospital
❑ Federal or State Agency
❑ Private Practice
❑ Long-Term Care
❑ Other _____

Ages Served

❑ Newborn ❑ Preschool
❑ School Age ❑ Adult ❑ Geriatric

Want to Get Involved?

Serving on a committee is a great way to show your support!

❑ Continuing Ed ❑ Convention
❑ Fall Workshop ❑ Public Schools
❑ Newsletter ❑ Scholarships
❑ KY Governmental Affairs
❑ Membership/Promotions

Membership Dues

❑ **Full Member.....$50**
Master's degree or greater in SLP or AUD and/or ASHA CCC-SLP or CCC-A. Full membership offers all benefits including the right to vote, hold office and chair committees.

❑ **Associate Member.....$40**
Bachelor's degree in SLP or AUD. Offers all Full Member benefits except the right to vote and hold office.

(Note: Members holding bachelors degrees but "grandfathered-in" as SLPs have Full Member privileges and join at the Full Member rate.)

❑ **Student Member.....FREE**
Currently enrolled full-time in SLP or AUD degree program. May not vote, hold office or chair committees. ***Membership Application Required.***

Expected Graduation Date: _____

University _____

Signature of Program Director or faculty member

_____

Remit Payment

Make check payable to "KSHA" or your choice of credit card. Please check payment method and complete account information.

❑ Check (payable to KSHA)
❑ Visa ❑ MasterCard ❑ Discover

x _____
YOUR SIGNATURE

CREDIT CARD ACCOUNT NUMBER

EXPIRATION DATE

MAIL TO:
KSHA Office
838 East High Street, Suite 263
Lexington, KY 40502
FAX: 888-729-3489 OR
EMAIL: kshaoffice@ksha.info
TAX ID #: 31-1097951