



Kentucky Speech-Language-Hearing Association ... Setting the PACE For Our Profession

Professional Development | Advocacy | Collaboration | Education

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

Website: www.ksha.info • Email: kshaoffice@ksha.info • Phone: 800-837-2446

KSHA MEMBERSHIP APPLICATION

Member Information

KSHA membership dues are not deductible as a charitable contribution for U.S. federal income tax purposes, but may be deductible as a business expense. KSHA estimates that 18% of your dues are not deductible because of KSHA's lobbying activities on behalf of its members.

Name: _____ Credentials: _____

Address: _____

City: _____ State: _____ Zip: _____

work #: _____ cell #: _____

email: _____

- Please remove me from the KSHA Listserv.
- Check here if you want your information omitted from labels sold for CEU offerings and profession-related opportunities.
- Include my information in the Public Referral Directory.

Residing 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

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/SLPA\$40

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.

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

Recent Graduate\$35

Must apply within 30 days of graduation date.

Student Member FREE

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

Graduation Date: _____ SLP AUD

University: _____

Signature of Program Director or faculty member

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 _____

Payment Options

Renew Online - Visit www.ksha.info and log in to your account to pay online with a credit card.

Mail/Fax - Complete this form and mail/fax it to the KSHA Office with your method of payment.

Electronic Auto Renewal

Yes, deduct my Annual Membership Fee directly from my designated back account. Complete and return enrollment form.

Check (payable to KSHA)

Visa MasterCard Discover American Express

YOUR SIGNATURE _____

CREDIT CARD ACCOUNT NUMBER

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EXPIRATION DATE

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Work Setting

- School
- Preschool
- University/College
- Hospital/Rehab
- Federal or State Agency
- Private Practice
- Long-Term Care
- ENT/Medical Practice
- Retired
- Other _____

Ages Served

- All Ages Newborn Preschool
- School Age Adult Geriatric

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