

## 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**

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 15% of your dues are not deductible because of KSHA's lobbying activities on behalf of its members.

		dues are not deductib	ole because of KSHA's lobbying activities on behalf of its members.
Name:		Credentials:	Membership Dues
Address:			☐ Full Member
City:			committees.
ork #: cell #:			
email:		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.	
☐ Please remove me from the KSHA Lis	stserv.		(Note: Members holding bachelors degrees but "grandfathered-in" as SLPs have Full Member
☐ Check here if you want your informa profession-related opportunities.	tion omitted from	n labels sold for CEU offerings and	privileges and join at the Full Member rate.)
☐ Include my information in the Public Referral Directory.			Recent Graduate\$35  Must apply within one year of graduation date.
Residing County:			
Employer:			Currently enrolled full-time in SLP or AUD degree program. May not vote, hold office or chair committees.
Position:			Membership Application Required.
	☐ Dual (AUD/SLP)☐ Interim AUD	☐ SLP Assistant ☐ Interim SLP☐ Hearing Instrument Specialist	Graduation Date: □ SLP □ AUD University: Signature of Program Director or faculty member
<b>Highest Degree Earned:</b> □ Bachelor	☐ Master	☐ Doctoral	
Memberships and Certific	ations		Payment Options
☐ ASHA Member ☐ CCC-AUD ☐ NSSLHA ☐ NAFDA	☐ CCC-SLP☐ CFY SLP	☐ CCC-AUD & CCC-SLP☐ CFY AUD	Renew Online - Visit <u>www.ksha.info</u> and log in to your account to pay online with a credit card.
☐ SLP with KY teacher certification☐ Teacher certification in other state		Y teacher certification	Mail/Fax - Complete this form and mail/fax it to the KSHA Office with your method of payment.
Work Setting		Ages Served	□ Electronic Auto Renewal Yes, deduct my Annual Membership Fee directly from my
☐ School		☐ All Ages ☐ Newborn ☐ Preschool	designated back account. Complete and return enrollment form.  ☐ Check (payable to KSHA)
☐ Preschool	1 1	☐ School Age ☐ Adult ☐ Geriatric	☐ Visa ☐ MasterCard ☐ Discover ☐ American Express
☐ University/College			<u> </u>
☐ Hospital/Rehab	\	Want to Get Involved?	X YOUR SIGNATURE
☐ Federal or State Agency	s	erving on a committee is a great way to	CREDIT CARD ACCOUNT NUMBER
☐ Private Practice		how your support!	CREDIT CARD ACCOONT NUMBER
☐ Long-Term Care		Convention	
☐ ENT/Medical Practice		Public Schools  Scholarships	EXPIRATION DATE
☐ Retired		☐ KY Governmental Affairs ☐ Membership/Promotions	
☐ Other		5	