Membership Application

July 1, 2019 - June 30, 2020/ June 2021

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name/ First Name/ Middle Initial Employer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ - \_\_\_\_\_\_- \_\_\_\_\_\_\_\_\_\_\_

Degree & Major (area code) Phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address E-mail address (required)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ASHA Membership?

City/ State/ Zip □YES CCC-A or CCC-SLP □ NO

Do you wish to have your name and email address included in our directory? YES NO

**\*\*\*This will not be sold to individuals for solicitation purposes\*\*\***

**Please Complete the Following Sections Necessary for our Database:**

□ Audiology

□ Speech Pathology

□ Dual Practice, Audiology, & SLP

□ Student at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Would you like to volunteer? YES NO**

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NEVADA STATE LICENSURE**

□ Audiology

□ Speech-Language Pathology

**MEMBERSHIP TYPE (Check One)**

|  |  |
| --- | --- |
| **□ Active Dues: $75.00 per year**Active members must hold (1) a doctorate or (2) a master’s degree with major emphasis in speech language pathology, audiology, or speech, language or hearing science; or (3) a master’s degree and presentevidence of active research, interest, and performance in the field of human communication, and must reside in or be employed in Nevada. Active members shall have all the privileges of the Association. | **□ Students Dues: $30.00 per year**Student members shall be enrolled in an undergraduate or graduate program with major emphasis in Speech Pathology, Audiology, Speech and Hearing Science, Education of Hearing Impaired, or Communication Disorders Program in an accredited program. Student members shall have all privileges of the Association except voting and holding office. |
| **□ Associate Dues: $45.00 per year**Associate members shall be any interested persons holding a Bachelor’s degree or its equivalent in Speech-language pathology, audiology, or speech-hearing sciences; persons not residing or employed in Nevada; or any interested persons who subscribe to the purposes and bylaws and other rules of this Association. Associate members shall have all privileges, except voting and holding office**.** | **□ Life Dues: $40.00**Life members shall be persons meeting the qualifications for active membership who have attained the age of sixty-five (65) and 10 consecutive years of membership or have been a member for a total of 15 years (not consecutive) and age 65. Life members have all privileges of the Association, without payment of annual dues, but with a onetime Life Membership fee, as determined by the Board of Directors. |
| **□ Corporate Dues: $50.00**Corporate Contributing members shall include businesses, organizations, corporations, etc. wishing to support the work of the association through corporate contributions. In addition to reduced advertising and convention vending fees, Corporate Contributing members shall have all privileges of the Association except voting and holding office. |  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total Enclosed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to adbide by the NSHA bylaws as a member of NSHA. initial here