



# Membership Application and Directory Update For: 2019

**Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

(Please ensure we have your correct email !)

**Phones:** Home: \_\_\_\_\_ Work: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**Do you want your name available to vendors? YES NO**

**Check One:**

\_\_\_\_\_ **Voting Member** \$75 Master's in Communication Disorders/ SLP/Audiology or Speech/Hearing Sciences

\_\_\_\_\_ **Associate Member** \$40 Bachelors in Communication Disorders  
 \$40 Students studying SLP or Audiology, SLPA, allied professionals

\_\_\_\_\_ **Inactive Member** \$25 currently out of State, unemployed or retired

\_\_\_\_\_ **Contribution to scholarship fund**

**Total paid \$** \_\_\_\_\_

**Are you an ASHA member?** NO CCC-SLP CCC-A CCC-S/A **Do you have an Alaska License?** NO SLP Audiology

**If someone encouraged you to join AkSHA, please list his or her name:** \_\_\_\_\_

**Please check all of the following work settings that apply to you: What is your caseload for each?** \_\_\_\_\_

|  |  |   |
|--|--|---|
| <b>School District:</b><br>Name: _____ | <b>Clinic / Hospital:</b><br>Name: _____ | <b>Private Practice:</b><br>Name: _____ |
| <b>Birth – 3 years</b>                 | <b>Primary</b>                           | <b>Adult</b>                            |
| <b>Pre-School</b>                      | <b>Secondary</b>                         | <b>Other:</b>                           |

**Educational Background:**

|        |       |       |             |
|--------|-------|-------|-------------|
| Degree | Area  | Year  | Institution |
| _____  | _____ | _____ | _____       |

**Continuing Ed Topic(s) Preferred:** \_\_\_\_\_

**Please indicate if you are interested in working on any of the following AkSHA committees:**

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Convention       | <input type="checkbox"/> Newsletter           | <input type="checkbox"/> Continuing Education |
| <input type="checkbox"/> Membership       | <input type="checkbox"/> Schools              | <input type="checkbox"/> SLPA                 |
| <input type="checkbox"/> Audiology        | <input type="checkbox"/> Ethics / Regulations | <input type="checkbox"/> Nominations / Awards |
| <input type="checkbox"/> Rural Networking | <input type="checkbox"/> Scholarship          | <input type="checkbox"/> Recruitment          |

**Do you supervise:** SLPA's? \_\_\_\_\_ CFY's? \_\_\_\_\_

**Are you interested in presenting or having a poster session at a convention? If yes, what topic?** \_\_\_\_\_

**Regarding the VOICE, do you prefer:** Digital? \_\_\_\_\_ Hard Copy? \_\_\_\_\_ Both? \_\_\_\_\_

**Would you like to be added to the AKSHA Facebook Group?** Yes \_\_\_\_\_ No \_\_\_\_\_

Membership renewal is now on the calendar year cycle, and dues are **due January 1<sup>st</sup>** of each year.

**Thank you for joining AkSHA!**

**Please mail completed application to: Alaska Speech-Language-Hearing Association PO Box 111993 Anchorage, Alaska 99511**