



Membership Application and Directory Update For 2017

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? _____

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

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:

	Convention		Newsletter		Continuing Education
	Membership		Schools		SLPA
	Audiology		Ethics / Regulations		Nominations / Awards
	Rural Networking		Scholarship		Recruitment

Do you supervise: SLPAs? _____ CFYs? _____

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 on the calendar year cycle, and dues are due January 1st of each year.
 Thank you for joining AkSHA!

Please mail completed application to: Membership Chair, Alaska Speech-Language-Hearing Association, PO Box 111993, Anchorage, Alaska 99511 or scan and email to Membership Chair at aksha907@gmail.com