



# 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: \_\_\_\_\_

**Are you new to AKSHA (not previously a member of any kind) or a CF? 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 \$** \_\_\_\_\_ **If someone encouraged you to join AkSHA, please list his or her name:** \_\_\_\_\_

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

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

<b>School District:</b> Name: _____	<b>Clinic / Hospital:</b> Name: _____	<b>Private Practice:</b> 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:**

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

**Would you like to be listed in the AKSHA Registry?** 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!** Noelle Miller, Membership Chair

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