

2010 VSHA Membership Application

(Member Year: January 1 to December 31)

MEMBERSHIP INFORMATION

NAME _____

PROFESSION: SLP AUD OTHER: _____

ADDRESS _____

Specialty Area(s): _____

____ I am available to be contacted by VSHA members in my area(s) of expertise. *(please check if applicable)*

APPLICABLE WORK SETTING(S):

__ School __ Private Practice __ Univ/Clinic
__ Hospital __ Home Health __ Nursing Home
__ Other: _____

COUNTY OF EMPLOYMENT _____

MEMBERSHIP & CERTIFICATION:

PHONE # _____

ASHA/CCC FAAA Board Certified
Licensed: VT State NH State NY State MA State
Other: _____

E-MAIL* _____

(*necessary for membership confirmation)

DEGREE:

BA BS MA MS MEd
EdD AuD ScD PhD Other

MEMBERSHIP CATEGORY

___ Full Membership: Speech Language Pathologist, Audiologist (Master or Doctoral degree).....\$40

___ Associate Membership: Student, Bachelor's degree, SLP-A, paraprofessional.....\$20

___ Life Membership: 62 years of age AND member for 5 consecutive years of previous 10.....\$0

If applying for life membership, please provide date of birth _____ & specific years of membership _____

Please indicate any of the following in which you may be interested:

VSHA BOARD: President...President Elect...Programs Chair...Treasurer...Secretary...Membership

COMMITTEES: Legislature...SEALS (State Educational Advocacy)...School Affairs...Public Relations
Academic Programs (Continuing Education)...Professional Standards (Licensure)

PLEASE LIST OTHER INTERESTS: _____

PLEASE MAKE CHECKS PAYABLE TO:

VSHA

MAIL APPLICATION & PAYMENT TO:

Michelle Davis
633 Old Creamery Road
Williston, VT 05495

(sign if you do NOT want your information released to outside mailings)

QUESTIONS?

membership@vsha.us
or call 879-4232

IMPORTANT Please include your email address above to confirm membership, receive important information about VSHA, continuing education activities and website info

Office Use Only: _____ck# _____

Date Entered: _____

Date Confirmed: _____