



INDIANA SPEECH-LANGUAGE-HEARING ASSOCIATION
 3125 Dandy Trail, Suite 110 ~ Indianapolis, IN 46214-1474
 PH: 317-916-4146 ~ FAX: 317-481-1825 ~ www.islha.org

RENEW YOUR MEMBERSHIP TODAY!
 www.islha.org

Membership Application 2013-2014
 (9/1/13 to 8/31/14)

MAIL OR FAX THIS FORM – OR COMPLETE ONLINE AT www.islha.org - GO TO MEMBER SERVICES

IMPORTANT DATES: TO RECEIVE FALL CONFERENCE RATE: Applications MUST be received by September 13, 2013
 TO RECEIVE SPRING CONVENTION RATE: Applications MUST be received by March 15, 2014
 *Take advantage of saving \$25 on membership by renewing prior to 12/31/2013! Increased fees begin on 1/1/14.

Member Profile _____ **Renewing Member** _____ **New Member**
 (Year became a member of ISHA _____) _____ Please check here if name changed since last year.

PLEASE COMPLETE ALL FIELDS ON EACH SIDE OF THE MEMBERSHIP APPLICATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <b style="writing-mode: vertical-rl; transform: rotate(180deg);">CONTACT INFORMATION	<p>Last Name _____ First Name _____ Middle _____ Maiden/Prior Name (if applicable) _____</p> <p>Primary Employer (if applicable) _____</p> <p>Job Title _____ County of Employment _____</p> <p>E-mail Address _____</p> <p>Home Phone _____</p> <p>Work Phone _____</p> <p>Work Fax _____</p> <p>Willing to receive the newsletter via email? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Preferred Mailing Address: _____ <input type="checkbox"/> Home _____ <input type="checkbox"/> Work _____ <input type="checkbox"/> E-mail _____</p>	<p>INDIANA STATE LEGISLATIVE DISTRICT INFORMATION: <i>(If you are not sure, leave blank.)</i></p> <p>Senate District #: _____</p> <p>Senator: _____</p> <p>House District #: _____</p> <p>Representative: _____</p> <p>Languages spoken other than English: _____ _____</p> <p>Please include my name and contact information in the ISHA bilingual SLP/AUD Database: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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HOME ADDRESS

Street

City _____ **ST** _____ **ZIP** _____

WORK ADDRESS

Street

City _____ **ST** _____ **ZIP** _____

PRIMARY WORK SETTING:
 Schools LTC Hospital Clinic Private Practice Retired University Other _____

CERTIFICATION/LICENSURE:
 CCC-SLP CCC-A PLA DPS/SCHOOLS CF FIRST STEPS OTHER _____

PROFESSIONAL MEMBERSHIP: ASHA AAA ISTA OTHER _____

HIGHEST DEGREE EARNED:
 BACHELOR'S: YEAR _____ UNIVERSITY _____
 MASTER'S IN SLP/AUD: YEAR _____ UNIVERSITY _____
 DOCTORATE: YEAR _____ UNIVERSITY _____

Are you interested in serving as a CF supervisor? YES NO
 Is your work site interested in serving as an Internship site? YES NO

PLEASE COMPLETE OTHER SIDE

Would you like to volunteer for the following ISHA Teams? (see pink resource page for team descriptions)

- Professional Development:** Conferences Convention Continuing Education
 Grants and Projects
- Publications & Communication:** Directory Newsletter Communication
 History Professional Recognition
- Marketing:** Public Information Advertising Recruitment
- Speech Language Pathology:** Pre-Professional Scope of Practice Quality Management Legislative
- Audiology:** Pre-Professional Scope of Practice Quality Management Legislative
- I have no strong team preference. Please assign me to a team with the greatest need.**

I am interested in running for an elected office; please contact me!

YES!

MEMBERSHIP ELIGIBILITY & DUES

ISHA PAC OPPORTUNITIES

*NOT TAX DEDUCTIBLE

\$5.00 \$10.00 \$25.00
 \$50.00 \$100.00
 OTHER _____

- Active Member Through December 31st, 2013****..... \$90
 Hold a Master's degree or higher with emphasis in Speech-Language Pathology, Audiology, Speech or Hearing Science, or Education of the Hearing Impaired; must be a resident of or be employed in Indiana.
- Associate Member Through December 31st, 2013****..... \$90
 Hold Bachelor's degree with a major emphasis in Speech-Language Pathology, Audiology, Speech or Hearing Science, or Education of the Hearing Impaired; must be employed in or a resident of Indiana. Any person having held previous Active membership who no longer lives or is employed in Indiana may transfer to Associate Membership.
- Student Affiliate****FREE**
 Enrolled in an undergraduate or graduate program with a major emphasis in Speech-Language Pathology, Audiology, Speech or Hearing Science, or Education of the Hearing Impaired and shall not be gainfully employed in any of the above professions except as a recipient of a scholarship or other educational stipend.
- Life Member Through December 31st, 2013**** \$25
 Any person, upon reaching the age of sixty-five (65) years, or who must retire from professional employment because of health reasons, and who has been an Active Member in good standing for a total of twenty-five (25) years, may apply for Life Member status.

ISHA FOUNDATION DONATION

TAX DEDUCTIBLE

\$5.00 \$10.00 \$25.00
 \$50.00 \$100.00
 OTHER _____

STUDENTS ONLY:
 College/University: _____

 Signature of University Department Chairperson/Advisor/Clinical Supervisor

THREE METHODS FOR PAYMENT:

1) MAIL THIS FORM ALONG WITH PAYMENT TO:
ISHA -MEMBERSHIP
3125 Dandy Trail, Suite 110
Indianapolis, IN 46214-1474

2) RENEW/JOIN ONLINE AT:
www.islha.org

3) FAX WITH CC INFORMATION TO:
317-481-1825

METHOD OF PAYMENT - MAKE CHECKS PAYABLE TO ISHA

CREDIT CARD INFORMATION

ALL FIELDS MUST BE COMPLETED FOR CREDIT CARD PROCESSING

Check Visa MC AMEX PO #: _____

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CREDIT CARD ACCOUNT NUMBER

Expiration Date: _____ Sec. Code: _____ (3 digit code)
 Credit Card Billing Zip Code: _____

I authorize ISHA to charge my credit card for annual dues and acknowledge that the information contained on this membership form is correct, and I have read and agree to abide by the ISHA Code of Ethics (can be downloaded from the ISHA website www.islha.org).

 Approval Signature _____
 Date

Membership Dues: \$ _____
 ISHA Foundation: \$ _____
 ISHA PAC: \$ _____
 Total Payment \$ _____

*For income tax purposes, the deductibility of payment to ISHA for dues is subject to restrictions imposed as a results of ISHA's lobbying activities. The non-deductible portion of your dues, the portion of which is allocable to lobbying is 4%.

**Take advantage of saving \$25 on membership by renewing prior to December 31, 2013! Increased fees begin on January 1, 2014.