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 September13, 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

____Mr.
____Mrs.
____Ms.
____Miss
____Dr.

Last Name *First Name* *Middle* *Maiden/Prior Name (if applicable)*

CONTACT INFORMATION

Primary Employer (if applicable)

Job Title *County of Employment*

E-mail Address _____

Home Phone _____

Work Phone _____

Work Fax _____

Willing to receive the newsletter via email? _____Yes _____No

Preferred Mailing Address:
_____Home _____Work _____E-mail

INDIANA STATE LEGISLATIVE DISTRICT INFORMATION:
(If you are not sure, leave blank.)

Senate District #:_____
Senator:_____
House District #:_____
Representative:_____

Languages spoken other than English:

Please include my name and contact information in the ISHA bilingual SLP/AUD Database: _____Yes _____No

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

☐ **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.

STUDENTS ONLY:
College/University:_____

_____
Signature of University Department Chairperson/Advisor/Clinical Supervisor

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 #:_____

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).

X_____ _____
Approval Signature *Date*

ISHA PAC OPPORTUNITIES

*NOT TAX DEDUCTIBLE

☐ $5.00 ☐ $10.00 ☐ $25.00
☐ $50.00 ☐ $100.00
☐ OTHER_____

ISHA FOUNDATION DONATION

TAX DEDUCTIBLE

☐ $5.00 ☐ $10.00 ☐ $25.00
☐ $50.00 ☐ $100.00
☐ OTHER_____

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

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%.

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