



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 2016-2017**  
(9/1/16 to 8/31/17)

**MAIL OR FAX THIS FORM – OR COMPLETE ONLINE AT [www.islha.org](http://www.islha.org) - GO TO MEMBER SERVICES**

<b>IMPORTANT DATE:</b>	<b>TO RECEIVE SPRING CONVENTION RATE:</b> Applications MUST be received by <b>April 3, 2017</b>	
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<b>Member Profile</b>	<input type="checkbox"/> <b>Renewing Member</b> <input type="checkbox"/> <b>New Member</b> (Year became a member of ISHA _____)	<input type="checkbox"/> Please check here if name changed since last year.
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**PLEASE COMPLETE ALL FIELDS ON EACH SIDE OF THE MEMBERSHIP APPLICATION**

<b>C O N T A C T  I N F O R M A T I O N</b>	<table border="1"> <tr> <td style="width: 10%;"> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.         </td> <td style="width: 80%;"> <div style="background-color: yellow; padding: 5px;"> <b>Last Name</b> _____ <b>First Name</b> _____ <b>Middle</b> _____ <b>Maiden/Prior Name</b> (if applicable) _____         </div>   <b>Primary Employer</b> (if applicable) _____  <b>Job Title</b> _____ <b>County of Employment</b> _____  <b>E-mail Address</b> _____  <b>Home Phone</b> _____  <b>Work Phone</b> _____  <b>Work Fax</b> _____    <b>Willing to receive the newsletter via email?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    <b>Preferred Mailing Address:</b> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> E-mail  <b>May ISHA list your member profile in the online directory?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>If Yes is selected, please update your Privacy tab in your member profile.</i> </td> </tr> </table>	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	<div style="background-color: yellow; padding: 5px;"> <b>Last Name</b> _____ <b>First Name</b> _____ <b>Middle</b> _____ <b>Maiden/Prior Name</b> (if applicable) _____         </div> <b>Primary Employer</b> (if applicable) _____ <b>Job Title</b> _____ <b>County of Employment</b> _____ <b>E-mail Address</b> _____ <b>Home Phone</b> _____ <b>Work Phone</b> _____ <b>Work Fax</b> _____  <b>Willing to receive the newsletter via email?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Preferred Mailing Address:</b> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> E-mail <b>May ISHA list your member profile in the online directory?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes is selected, please update your Privacy tab in your member profile.</i>	<p style="text-align: center;"><b>INDIANA STATE LEGISLATIVE DISTRICT INFORMATION:</b> (If you are not sure, leave blank.)</p> <b>Senate District #:</b> _____ <b>Senator:</b> _____ <b>House District #:</b> _____ <b>Representative:</b> _____  <b>Languages spoken other than English:</b> _____ _____  <b>Please include my name and contact information in the ISHA bilingual SLP/AUD Database:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	<div style="background-color: yellow; padding: 5px;"> <b>Last Name</b> _____ <b>First Name</b> _____ <b>Middle</b> _____ <b>Maiden/Prior Name</b> (if applicable) _____         </div> <b>Primary Employer</b> (if applicable) _____ <b>Job Title</b> _____ <b>County of Employment</b> _____ <b>E-mail Address</b> _____ <b>Home Phone</b> _____ <b>Work Phone</b> _____ <b>Work Fax</b> _____  <b>Willing to receive the newsletter via email?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Preferred Mailing Address:</b> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> E-mail <b>May ISHA list your member profile in the online directory?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes is selected, please update your Privacy tab in your member profile.</i>			

<b>HOME ADDRESS</b>	<b>WORK ADDRESS</b>
_____ <b>Street</b> _____  <b>City</b> <b>ST</b> <b>ZIP</b>	_____ <b>Street</b> _____  <b>City</b> <b>ST</b> <b>ZIP</b>

**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 Renewing After January 31, 2017.....\$115**  
 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 Renewing After January 31, 2017.....\$115**  
 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 Renewing After January 31, 2017 ..... \$40**  
 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](http://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%.