



INDIANA SPEECH-LANGUAGE-HEARING ASSOCIATION  
 2346 S. Lynhurst Drive, Suite D101 ~ Indianapolis, IN 46241  
 PH: 317-916-4146 ~ FAX: 317-481-1825 ~ www.islha.org

**RENEW YOUR MEMBERSHIP TODAY!**  
 www.islha.org

**Membership Application 2017-2018**  
 (9/1/17 to 8/31/18)

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

<b>IMPORTANT DATE:</b>	<b>TO RECEIVE SPRING CONVENTION RATE:</b> Applications MUST be received by <b>March 15, 2018</b>
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<b>Member Profile</b>	<input type="checkbox"/> <b>Renewing Member</b> - Year became a member of ISHA _____ <input type="checkbox"/> <b>New Member</b> - If someone encouraged you to join ISHA, please list their name so we can thank them: _____	<input type="checkbox"/> Please check here if name changed since last year.
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<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	_____ <i>Last Name                                      First Name                                      Middle                                      Maiden/Prior Name (if applicable)</i>
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<input type="checkbox"/> Primary Employer (if applicable) _____ <input type="checkbox"/> Job Title _____ County of Employment _____ <input type="checkbox"/> E-mail Address _____ <input type="checkbox"/> Home Phone _____ <input type="checkbox"/> Work Phone _____ <input type="checkbox"/> Work Fax _____	<b>INDIANA STATE LEGISLATIVE DISTRICT INFORMATION:</b> <i>(If you are not sure, leave blank.)</i> <b>Senate District #:</b> _____ <b>Senator:</b> _____ <b>House District #:</b> _____ <b>Representative:</b> _____
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<b>C O N T A C T</b>	<input type="checkbox"/> Willing to receive the newsletter via email? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Languages spoken other than English:</b> _____ _____
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<input type="checkbox"/> Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> E-mail May ISHA list your member profile in the online directory? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes is selected, please update your Privacy tab in your member profile.</i>	Please include my name and contact information in the ISHA bilingual SLP/AUD Database: <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Willing to receive updates via text message? Enter cell phone number to opt in:** \_\_\_\_\_

HOME ADDRESS	WORK ADDRESS
Street _____	Street _____
City _____ ST _____ ZIP _____	City _____ ST _____ ZIP _____

**PRIMARY WORK SETTING:**  
 Schools  LTC  Hospital  Clinic  Private Practice  Retired  University  OTHER \_\_\_\_\_

**CERTIFICATION/LICENSURE:**  
 CCC-SLP  CCC-A  IPLA  DOE/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?**

**Professional Development:**  Fall Conference  Convention

Continuing Education  Grants and Projects

**Publications & Communication:**  Website  Newsletter  Communication

History  Professional Recognition/Awards

**Marketing:**  Advertising  Recruitment

**Speech Language Pathology:**  Pre-Professional  Scope of Practice  Legislative

**Audiology:**  Pre-Professional  Scope of Practice  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 Renewing On or After January 1, 2018.....\$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 On or After January 1, 2018....\$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 On or After January 1, 2018. ....\$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 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  
2346 S. Lynhurst Drive, Suite D101  
Indianapolis, IN 46241**

**2) RENEW/JOIN ONLINE AT:**

**[www.islha.org](http://www.islha.org)**

**3) FAX WITH CC INFORMATION TO:**

**317-481-1825**

**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](http://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%.