



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**

**IMPORTANT DATES:** TO RECEIVE FALL CONFERENCE RATE: Applications MUST be received by August 31, 2017  
 TO RECEIVE SPRING CONVENTION RATE: Applications MUST be received by March 15, 2018  
 \*Take advantage of saving \$25 on membership late fee by renewing prior to 12/31/2017! Increased fees begin on 1/1/18.

**Member Profile** Renewing Member - Year became a member of ISHA \_\_\_\_\_  
New Member - If someone encouraged you to join ISHA, please list their name so we can thank them: \_\_\_\_\_  
 \_\_\_\_\_ Please check here if name changed since last year.

\_\_\_\_ Mr. \_\_\_\_\_  
 \_\_\_\_ Mrs. Last Name First Name Middle Maiden/Prior Name (if applicable)  
 \_\_\_\_ Ms.  
 \_\_\_\_ Miss  
 \_\_\_\_ Dr.

**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  
 May ISHA list your member profile in the online directory? \_\_\_\_ Yes \_\_\_\_ No  
 If Yes is selected, please update your Privacy tab in your member profile.

**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

Willing to receive updates via text message? Enter cell phone number to opt in: \_\_\_\_\_

**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  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 Before December 31, 2017\*\* .....\$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 Renewing Before December 31, 2017\*\* .....\$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 Renewing Before December 31, 2017\*\* ..... \$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 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 \_\_\_\_\_

**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 #: \_\_\_\_\_

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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 \_\_\_\_\_

**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**

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 late fee by renewing prior to December 31, 2017! Increased fees begin on January 1, 2018.