



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**          **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

CONTACT INFORMATION	Mr. _____					<p style="text-align: center; color: red; font-weight: bold;">INDIANA STATE LEGISLATIVE DISTRICT INFORMATION: (If you are not sure, leave blank.)</p> <p>Senate District #: _____</p> <p>Senator: _____</p> <p>House District #: _____</p> <p>Representative: _____</p> <p>Languages spoken other than English: _____</p> <p>_____</p> <p>_____</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>
	Mrs. _____	Last Name _____	First Name _____	Middle _____	Maiden/Prior Name (if applicable) _____	
	Ms. _____	Primary Employer (if applicable) _____				
	Miss _____	Job Title _____		County of Employment _____		
	Dr. _____	E-mail Address _____				
		Home Phone _____				
		Work Phone _____				
		Work Fax _____				
		Willing to receive the newsletter via email? <input type="checkbox"/> Yes <input type="checkbox"/> No				
		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 If Yes is selected, please update your Privacy tab in your member profile.				

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 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

**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**

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