



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 2018-2019
 (9/1/18 to 8/31/19)

MAIL OR FAX THIS FORM – OR COMPLETE ONLINE AT www.islha.org - GO TO MEMBERSHIP TAB

IMPORTANT DATE:

TO RECEIVE SPRING CONVENTION RATE:
 Applications **MUST** be received by **March 15, 2019**

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.
 ____ Ms.
 ____ Miss
 ____ Dr.

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

 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

C O N T A C T I N F O R M A T I O N

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 On or After January 1, 2019.....\$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, 2019....\$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 AffiliateFREE

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, 2019.\$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

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).

 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%.