

MEMBERSHIP APPLICATION

To become a member of MSHA, complete the following application and mail or fax to: MSHA, 2000 East Broadway, PMB 296, Columbia, MO 65201-6091 or fax (888) 729-3489. Membership year is January 1 through December 31.

(Students use home address)

Name _____
First Middle Initial Last

Home Address _____
City State/Zip Home County

Contact Information: work #: _____
 home #: _____
 fax: _____
 email: _____
 Please add me to the MSHA listserve ___ yes ___ no

Job/School Information

Title or Position: _____
 Employer/School Name: _____

Place of Employment: (check all that apply)

- Elem./Secondary School
- Early Childhood (3-6)
- College or University
- Hospital/Rehab Center
- Clinic
- Commercial
- Private Practice
- Early Intervention (Birth-3)

Student Membership Information

Are you a Member of NSSLHA? Yes No
 Area of Emphasis: AUD SLP Other _____

I verify that the above is actively pursuing a degree in speech-language pathology or audiology.

Signature of Training Program Director _____ University Name/City _____

Desired Membership: (check one)

Active **\$55**
 Must hold at least a Master's Degree or equivalent in SLP and/or A. Must reside or work in Missouri.

Student **\$15**
 Must be actively pursuing degree in SLP and/or A in an accredited university or college in Missouri.

Adjunct **\$50**
 Granted to persons who are not eligible as Active or Associate members.

Associate **\$50**
 Must provide SLP and/or A services and not be eligible as Active member. Must hold at least a Bachelor's Degree or equivalent in SLP and/or A. Must reside or work in Missouri.

Life **No Fee**
 Granted upon written application to the Executive Board when a previous Active Member becomes 62. Must have been an Active Member in good standing for at least the last ten consecutive years.

\$10 MSHA Buck Referral

Membership referred by: _____
 Workplace: _____
 Phone# _____

Want to get involved?

Serving on a committee is a great way to show your support!

- Early Childhood
- Audiology
- Convention Volunteer
- Convention Planning
- School Services
- Legislative
- Clinical Issues
- Multicultural
- Membership
- Honors

Interested in serving as a CFY Supervisor?

Yes! What counties? _____

Please check the following that apply

Missouri Licensure State Board of Registration for the Healing Arts:

- Audiology
- Speech Pathology
- Speech Pathology & Audiology

Highest Degree Earned: _____

- MO Hearing Aid Dealers & Fitters License
- Missouri Department of Education Teacher Certification as Speech-Language Specialist

ASHA Membership

American Speech-Language-Hearing Association Membership: Yes No

ASHA Certificate of Clinical Competence:

- Audiology
- Audiology & Speech Pathology
- Clinical Fellowship Year
- Speech Pathology
- Not Applicable

Remit payment.

Make check payable to "MSHA" or your choice of credit card. Please circle card and complete account information.

PLEASE CIRCLE



EXPIRATION DATE

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X
YOUR SIGNATURE _____

CREDIT CARD ACCOUNT NUMBER

Drop it in the mail.

MSHA Central Office:
2000 East Broadway, PMB 296
Columbia, MO 65201-6091

Dues _____
 Total Enclosed \$ _____

Dues payment to MSHA, a 501(c)6 organization, are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code subject to restrictions imposed as a result of lobbying activities. For 2011, MSHA estimates that there will be no limitations due to lobbying.