

SHAHV MEMBERSHIP APPLICATION FORM

Membership expires 12 months after processing of the application. Check here if there are no changes to your personal information. []

Name:		
First	Last	
Mailing Address:		
Home Phone:	Business Phone:	
(Used for SHAHV communication purposes only.)		
Place of Employment:		
Primary ages of Clients: Work Site:		
(EI, Pre-school, Elem, Adults) (Homes, School, Hospital)		
Professional Affiliations: ASHA Special Interest Div # AAA NYSSLHA NSSLHA		
Certification/License (Circle all that apply)		
<u>ASHA</u>	NYS Licensure	NYS Certification
CCC-SLP	Speech-Language Pathology	TSHH/TSSLD
CCC-A	Audiology	Teacher of the Deaf
Professional Member \$36	Associate Member \$25	Student Member \$15

Please provide a check made payable to SHAHV and mail to SHAHV, PO Box 536, Millerton, NY 12546 *** If you are applying for membership and registering for a conference at the same time, please enclose both forms with both payments made payable to SHAHV and mail to: SHAHV % Jennifer Harp, 5237 Searsville Road, Pine Bush, NY 12566

For office use only: CHECK #_____ CHECK DATE#_____ Amount: _____

Check to help on a SHAHV committee:

[] Legislative Committee: Assists the Past President in organizing Lobby Day and other legislative activities.

[] Program Committee: Assists the Vice President in organizing workshops and monthly meeting activities.

[] Membership Committee: Assists the Secretary in membership recruitment and membership drives.

[] Public Information Committee: Assists the Treasurer in organizing public relations and "May is Better Hearing and Speech Month" activities.

[] Newsletter Committee: Assists the Newsletter Editor in the development and distribution of the newsletter.