



North Dakota Speech Language Hearing Association (NDSLHA)

Membership Application

March 1, 2017 – February 28, 2018

Name _____ Email _____

Mailing Address _____

Phone _____ Date of Birth _____

Type of Membership:

_____ Active (\$40): A master's degree or equivalent with major emphasis in speech-language pathology, audiology, or speech, language, and hearing science; or a master's degree or equivalent, and present evidence of active research, interest, and performance in the field of human communication.

_____ Associate (\$40): All persons excluding students not eligible for active membership who have an interest in the purposes and activities of the Association. May attend all Association meetings and may speak from the floor upon matters being discussed, but shall not be privileged to vote or hold office.

_____ SLPP/Student (\$10)

_____ Life (\$0)

Professional Affiliation (Primary practice)

_____ Speech/Language

_____ Audiology

_____ Other

Degree Status

_____ BA/BS

_____ MA/MS

_____ PhD

_____ Other

Primary Work Setting

_____ Public/Private School

_____ Clinic/Hospital

_____ University

_____ Private Practice

_____ Other

ASHA Status

_____ CCC-SLP

_____ CCC-A

_____ CCC-SLP/A _____ Member

Certification Status

_____ ND License

_____ Teacher License

_____ Other

Are you willing to become an active in NDSLHA committee work or are you willing to volunteer your time for Association activities? _____ yes _____ no

Please make checks (US funds) payable to: NDSLHA

Mail membership form and payment to: NDSLHA, PO Box 88, Jamestown, ND 58402-0088