

# Kansas Speech-Language-Hearing Association: Membership Form

\_\_\_\_\_  
Name (last name first)

\_\_\_\_\_  
Preferred Mailing Address

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Home Phone                      E-mail

Field (Check one)

Speech/Language

Audiology

Other (Specify) \_\_\_\_\_

Education

_____ Au.D.	_____ M.S.
_____ B.A.	_____ Ph.D.
_____ B.S.	_____ Other
_____ M.A.	

\_\_\_\_\_  
University                      Year of Degree

Occupational Setting (Primary - 1; Secondary - 2)

<input type="checkbox"/> Public/Private School	<input type="checkbox"/> University
<input type="checkbox"/> Hospital	<input type="checkbox"/> Rehab
<input type="checkbox"/> Private Practice	<input type="checkbox"/> Clinic
<input type="checkbox"/> Long term care (LTC)	<input type="checkbox"/> Student
<input type="checkbox"/> Infant Toddler	<input type="checkbox"/> Other

- ASHA Membership      Yes      No      NSSLHA  
If yes, ASHA membership number: \_\_\_\_\_
- ASHA Certificate of Clinical Competence      CFY  
CCC-A      CCC-SLP      CCC-SLP/A
- AAA Membership - If yes, membership number: \_\_\_\_\_

Payment Information

Check enclosed made payable to KSHA

Charge to Mastercard      VISA

Account # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Last year of Membership \_\_\_\_\_ Today's Date \_\_\_\_\_

Who invited you to join KSHA?

\_\_\_\_\_

\_\_\_\_\_  
Title or Position                      Work Phone

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Employer Street Address

\_\_\_\_\_  
Employer City, State, Zip

**Affiliation Categories**

**Member** Must hold a Master's Degree or equivalent in Speech-Language Pathology, Audiology or associated sciences. Must sign the KSHA Code of Ethics. Receives voting privileges and is eligible for office.  
(A full time doctoral student may receive 50% waiver with written verification from advisor.)  
Yearly dues - \$60.00. (Code of Ethics may be read at [www.ksha.org](http://www.ksha.org))  
I have read and agree to abide by the KSHA Code of Ethics.

\_\_\_\_\_  
Signature                      Date

**Life Member** Any member who has held membership for fifteen years and has attained the age of 65 may apply for life membership with all privileges of a Member. No dues.

**Associate** Any individual who does not meet Full Member criteria, but is interested in speech, language, or hearing.  
Yearly dues - \$20.00.

**Student Status** Any student enrolled in Speech-Language Pathology and/or Audiology. No voting privileges.  
Yearly dues - \$5.00.  
Date of anticipated Graduation: \_\_\_\_\_  
Please be sure to update your address at [www.ksha.org](http://www.ksha.org) to continue to receive mailings and first-year full free membership.

Do you wish to become active in KSHA or volunteer for association activities?      Yes      No

Indicate interest area(s): (Primary -1; Secondary -2)

<input type="checkbox"/> Membership	<input type="checkbox"/> Publications/ksha.org
<input type="checkbox"/> Ethical Practices	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Public School Services	<input type="checkbox"/> Preschool Services
<input type="checkbox"/> Continuing Education	<input type="checkbox"/> Finance
<input type="checkbox"/> Annual Conference	<input type="checkbox"/> Honors
<input type="checkbox"/> Legislation	<input type="checkbox"/> Licensure
<input type="checkbox"/> Executive Board	<input type="checkbox"/> Nominations

Please mail membership form and payment information to:  
KSHA, 6001 Cherokee Drive, Fairway, KS 66205  
or FAX to: 913.362.0015. You can also join online at [www.ksha.org](http://www.ksha.org) Questions? Please call 1-800-248-KSHA or e-mail [ksha@ksha.org](mailto:ksha@ksha.org)

1.20.10