

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 _____ SS# _____
First Middle Initial Last * Social Security number will be maintained in the database only and never published for public information.

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 Clinic
 Early Childhood Commercial
 College or University Private Practice
 Hospital/Rehab Center

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)

- | | |
|---|---|
| <input type="checkbox"/> Active \$55
Must hold at least a Master's Degree or equivalent in SLP and/or A. Must reside or work in Missouri. | <input type="checkbox"/> 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. |
| <input type="checkbox"/> Student \$15
Must be actively pursuing degree in SLP and/or A in an accredited university or college in Missouri. | <input type="checkbox"/> 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. |
| <input type="checkbox"/> Adjunct \$50
Granted to persons who are not eligible as Active or Associate members. | |

\$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 Legislative
 Audiology Clinical Issues
 Convention Volunteer Multicultural
 Convention Planning Membership
 School Services 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 Speech Pathology
 Audiology & Speech Pathology
 Clinical Fellowship Year 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
  _____

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. In those situations where dues may be deductible, MSHA estimates the nondeductible portion of your 2009 dues is 15%.