

Nebraska Speech-Language-Hearing Association

Membership Form

September 1, 2010 - August 31, 2011

1. Member Dues:* (See back for membership status information)

Please mark one: _____ New Member or _____ Renewal

After 8-15

Full Member	\$80	\$85
Associate Member	\$77	\$82
Student Member	\$30	\$35

WHAT A BARGAIN!

Join with a non-member friend and you both pay half the regular membership fee. Membership forms must be received together.

Enrolled Where: _____

Recent Graduate*	FREE	FREE
Life Member	FREE	FREE
Inactive Member**	\$55	\$60

I would like to contribute \$ _____ toward the NSLHA Foundation. Enclosed is my check.

My membership partner is: _____

2. Please circle:

-Send all correspondence to: Home or Work

-Yes, include me in the membership directory.

-No, I wish to not be included in the membership directory.

3. Member Information:

Full Name _____ Informal First Name _____

Home Address _____

City _____ State _____ Zip _____ Home Phone _____

Employment or University (if applicable): _____

Work Address _____

City _____ State _____ Zip _____ Work Phone _____

FAX _____ Email Address _____

Position: Speech-Language Pathologist Audiologist Communication Specialist
Employment: School Medical Setting University Private Practice Other _____

4. Demographic Information:

State License: Yes No C.C.C.: Yes No Highest Academic Degree: _____

NSLHA Region Number (see map on back) _____

5. Committee Requests: I would like more information on the following committee(s):

Schools Committee Nominations Legislative Affairs Public Relations Clinical Services Continuing Education

*First year of full membership free to recent graduates who were student members of NSLHA the previous year and are now employed.

**Not eligible for 2 for 1 deal; workshop/convention rates will be those of a non-member.

Return form to: NSLHA
• 455 South 11 Street,
Suite A • Lincoln, NE
68508