



Iowa Speech-Language-Hearing Association
Membership Application for Sept. 2008 to Aug. 2009
 Iowa Speech-Language-Hearing, PO Box 310070, Des Moines, Iowa 50331-0070
 E-mail: isha@isha.org • Web Site: www.isha.org

(Please print or type. Then sign, date and return this form.)

Personal Data

New Application

Renewal

First Name _____ Last Name _____

Preferred Mailing Address: _____

City _____ State _____ ZIP _____

Home Telephone _____ Home E-mail: _____

Employment Data

Complete, official name of agency, institution, etc. _____

Work Telephone _____ Work FAX _____ Work E-mail _____

Primary work setting: Hospital/Clinic Private Practice School University Other (specify) _____

Age _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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(The information in this box is for association purposes only and will not be used individually nor included in the directory.)

Professional Credentials

Which of the following credentials do you hold?

Membership in ASHA AAA

ASHA Certification: CCC-SLP CCC-A CCC-A/S CFY/S CFY/A

Iowa Licenses currently held: Audiology Department of Education Hearing Aid Dealer Speech None Other...

Highest Degree BA/BS MA/MS EdD DSc AuD PhD Other

Year Earned _____ Full Name of University (Please do not abbreviate) _____

Legislative Advocacy

Yes No I want to receive information regarding legislative issues affecting my area of practice.

I prefer to receive this information via: e-mail fax phone mail personal contact

My Iowa State Senate District is: My Iowa State House District is: My Congressional District is:

ISHA Committees

Please indicate your area(s) of interest in serving on ISHA committees listed below:

- Continuing Education/Convention Planning Public Relations Government, Colleges & Universities Schools
 Legislative & Legal Action Technology Resource Group Medical, Clinical & Private Settings

Type of Membership

Please check one:

Regular Membership - \$95 Provides voting rights and the right to hold office in the association. This type of membership is for those with master's degrees or equivalent with (a) major emphasis in speech-language pathology, audiology, or speech, language or hearing science or (b) present evidence of active research, interest and performance in the field of human communication.

Associate Membership (Student) - \$10 Requires full time student status for reduced fee.

Dues to Iowa Speech-Language-Hearing Association are not deductible as charitable contributions for income tax purposes. No more than 83% of dues payments may be deductible as a business expense in tax year 2006. Please consult your tax advisor to determine how much of this you may deduct.

Check AmEx Discover MasterCard Visa Credit Card Number _____ Expires: _____

Card ID Number (3-digit number on card reverse): _____

*Make check payable to ISHA. Credit Card Charges will appear on your statement as Assoc Office 515-282-8192
 Mail to: Iowa Speech-Hearing-Language Association, PO Box 310070; Des Moines, Iowa 50331-0070*

I certify that the information I have provided is true and correct. I also agree to abide by the Code of Ethics of the Iowa Speech-Language-Hearing Association.

Signature

Date