

## **Colorado Speech-Language-Hearing Association**

CSHA: c/o Craven Management Associates, 700 McKnight Park Drive, Suite 708, Pittsburgh, PA 15237 855-727-2836 • fax: 888-729-3489 • website: www.CSHAssoc.org • email: csha@cshassoc.org

## CSHA Membership Application • Membership Year Now July 1 - June 30

Member Information			CSHA membership dues are not deductible as a charitable contribution for U.S. federal income tax purposes, but may be deductible as a business expense. CSHA estimates that 100% of your dues are not deductible	
Name:		Credentials:	because of CSHA's lobbying activities	*
Address:			Specialty Area - SLP (check all that apply)  Acquired Apraxia Accent Modification Aphasia Articulation	□ NICU □ Orofacial Myfunctional Therapy □ Stuttering □ TBI □ Transgender Voice □ Voice
Contact Information (Check one phone number that will be your primary number for listing in CSHA directories):			<ul> <li>□ Augmentative Communication</li> <li>□ Autism</li> <li>□ Child Language Disorders</li> </ul>	Specialty Area - AUD (check all that apply)
			☐ Cognitive-Linguistic Disorders	☐ Assistive Learning Devices ☐ Central Auditory Processing
□ cell #:	email:		☐ DHH (Deaf and Hard of Hearing)☐ Early Childhood Intervention	Evaluation
☐ Please include my information in the public directory ☐ Please add my email address to the CSHA listserv			☐ Feeding & Swallowing Disorders ☐ Head & Neck Cancer ☐ Literacy	☐ DHH (Deaf and Hard of Hearing)☐ Diagnostic Audiological Evaluation
☐ Fort Collins ☐ Gle	enwood Springs 🔲 G	Denver	☐ LSVT☐ mTBI/Concussion	☐ Hearing Aid Evaluation☐ Infant Hearing Screens
Employer:			Membership Dues	
Title:			☐ Regular Member (two	
Highest Degree Earned: ☐ Bacheld	or □ Master □	1 Doctoral	*\$55 if full-time doctoral stu	
Degree In: ☐ Speech-Language ☐ Audiology ☐ Speech/Hearing Science ☐ Education			□ CF - Member Status (	Change\$50
Other			CF - New to CSHA (never a member)\$75	
University Granting Highest Degree:			□ SLPA\$45	
Check All That Apply			□ Student Member\$30	
Check All That Apply			☐ NSSLHA Student Men	nber\$10
Field: □ SLP □ AUD □ SLP/AUD □ Student □ SLPA □ Other			University NSSLHA Membership Number (if applicable)	
ASHA Certification:	□ CCC-SLP □ CCC-A	\ & CCC-SLP		
☐ CO Dept. of Education License – type			Group Membership	
☐ Provides CF Supervision ☐ Work Setting Provides Internship Supervision			Visit the CSHA website to learn more about Group Memberships and how you can work	
Bilingual Services:	French  Indian  Ita Spanish  Yiddish  Otl	g .	with your employer for	aiscount rates.
			Remit Payment	
Mentorship Program		Referral	Make check payable to "CSHA"	or your choice of credit card
☐ I am interested in volunteering to se	1 1	Membership Referred By:	Please check payment method	and complete account information.
for undergraduate and graduate students.  *Please be sure to indicate your work setting below.			☐ Check (payable to CSHA)☐ Visa☐ MasterCard☐	Discover
Please be sure to indicate your wo	ork setting below.			
Work Setting		Want to Get Involved?	x	
☐ School ☐ Long-	Torm Cara	Serving on a committee is a great way to	YOUR SIGNATURE	
_ =	r-Term Care le Health	show your support!	CREDIT CARD ACCOUNT NUMBER	
1	'Medical Practice Currently Working	☐ Membership		
☐ Private Practice		☐ Education ☐ Public Policy	EXPIRATION DATE	
Other		☐ Help When Needed		