

Colorado Speech-Language-Hearing Association

Fed. Tax #84-0745204 | Membership Year: July 1 – June 30

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

GROUP MEMBERSHIP

| When people from the same workplace join CSHA | , membership dues are offered at a discounted rate (please check which one applies): |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| ☐ 6-10 Members (20% discount per member) ☐ 11+ Members (25% discount per member) This form must be accompanied by all group mem | ber CSHA applications and payment. |
| Member #1 | Member #11 |
| Email | Email |
| Member #2 | Member #12 |
| Email | Email |
| Member #3 | Member #13 |
| Email | Email |
| Member #4 | Member #14 |
| Email | Email |
| Member #5 | Member #15 |
| Email | Email |
| Member #6 | Member #16 |
| Email | Email |
| Member #7 | Member #17 |
| Email | Email |
| Member #8 | Member #18 |
| Email | Email |
| Member #9 | Member #19 |
| Email | Email |
| Member #10 | Member #20 |
| Email | Email |
| | |
| Payment Options Organization/Employer Name: | |

Mail/Fax/Email - Complete this form and mail/fax/scan and email it with all member applications to the CSHA Office with your method of payment.

CSHA Office 700 McKnight Park Drive, Suite 708 Pittsburgh, PA 15237 FAX: 888-729-3489 csha@cshassoc.org

| Organization/Employer Name: | |
|-----------------------------|------------|
| Contact Name: | |
| Address: | |
| City: | State:Zip: |
| Phone #: | Email: |

If you have more than 20 members, please fill out a second form.

Group memberships cannot be submitted online.

For printable membership applications, please visit www.cshassoc.org.