Maine Speech Language Hearing Association
Annual Membership Application

Thank you for your interest in MSLHA. Please mail this completed application with a check made out to ***MSLHA*** to the following address: **Katherine Thibodeau 355 Main Road North Hampden ME 04444**

Please choose one of the following Membership categories:

☐ Full Member (Ph.D., M.A., M.S., SLP or AUD)	**$50 by 9/30; $60 after 9/30**
☐ Associate Member (SLPA, B.A., B.S., Deaf Educator, Paraprofessional)	**$40 by 9/30; $48 after 9/30**
☐ Student Member	**$15 by 9/30; $18 after 9/30**
☐ Current NSSHA Member, student or SLP / AUD graduate this year	**FREE**
☐ Life Member (Recipient of the "Honors of the Association"; or over age 65 with the past 5 years+ paid membership)	**FREE**

The following info will be used for online Members Only Directory, Consumer Resources (public online) and MSLHA mailings.

Title: ☐Dr. ☐Mr. ☐Ms. ☐Other (please specify)

Name:

Home Address:

Street / P.O. Box City State County Zip Code

Telephone (H): E-Mail Address:

Organization: Work Telephone:

Work Address:

Street / P.O. Box City State County Zip Code

If you do not want to be included on our website's Consumer Resource (public), check box below.

☐ I **do not** wish my contact information to be available to the public. *(It will be available to Members only.)*

Please check all applicable work settings:

☐School ☐Clinic ☐Hospital ☐Private Practice ☐SNF ☐Other *(Please Specify)*

Certificates / Licenses held currently: (DOE = Department of Education; BESPA = State License: CCC = ASHA)

☐DOE ☐BESPA-SLP ☐BESPA-AUD ☐CCC-SLP ☐CCC-AUD ☐Other *(Please Specify)*

Interests:

☐ Continuing Education ☐ School Practice ☐ Legislative
☐ Student Mentor ☐ Audiology ☐ Nominating
☐ Publications ☐ Clinical Services ☐ Membership

Other interests:

Please tell us what professional issues you feel MSLHA needs to address.

You will automatically be invited to join *MaineLine,* the MSLHA listserv, with an option to accept or decline. I have read and I support the MSLHA Code of Ethics (available at mslha.org) Please sign below:

Signature **Date**

Please note: For the 2018/2019 Membership Year, 100% of membership dues are for lobbying expenses and are nondeductible.