



INDIANA SPEECH-LANGUAGE-HEARING ASSOCIATION
 1829 Cunningham Rd., Indianapolis, IN 46224
 PH: 317-916-4146 ~ FAX: 317-481-1825 ~ www.islha.org

RENEW YOUR MEMBERSHIP TODAY!
 www.islha.org

Membership Application 2011-2012
 (9/1/11 to 8/31/12)

MAIL OR FAX THIS FORM – OR COMPLETE ONLINE AT www.islha.org - GO TO MEMBER SERVICES

IMPORTANT DATES: DIRECTORY ENTRY:Applications MUST be received by October 1, 2011
 TO RECEIVE FALL CONFERENCE RATE:.....Applications MUST be received by Sept. 10, 2011
 TO RECEIVE SPRING CONVENTION RATE:...Applications MUST be received by March 18, 2012

Member Profile Renewing Member New Member
 (Year became a member of ISHA _____) Please check here if name changed since last year.

PLEASE COMPLETE ALL FIELDS ON EACH SIDE OF THE MEMBERSHIP APPLICATION

CONTACT INFORMATION	Mr. _____				INDIANA STATE LEGISLATIVE DISTRICT INFORMATION: <i>(If you are not sure, leave blank.)</i> Senate District #: _____ Senator: _____ House District #: _____ Representative: _____ Languages spoken other than English: _____ _____ _____ Please include my name and contact information in the ISHA bilingual SLP/AUD Database: _____ Yes _____ No	
	Mrs. _____	<i>Last Name</i> _____	<i>First Name</i> _____	<i>Middle</i> _____		<i>Maiden/Prior Name (if applicable)</i> _____
	Ms. _____	Primary Employer (if applicable) _____				
	Miss _____	Job Title _____		County of Employment _____		
	Dr. _____	E-mail Address _____				
		Home Phone _____				
		Work Phone _____				
		Work Fax _____				
		Willing to receive the newsletter via email? _____ Yes _____ No				
		Preferred Mailing Address: _____ Home _____ Work _____ E-mail _____				

HOME ADDRESS

Street _____

City _____ ST _____ ZIP _____

WORK ADDRESS

Street _____

City _____ ST _____ ZIP _____

PRIMARY WORK SETTING:
 Schools LTC Hospital Clinic Private Practice Retired University Other _____

CERTIFICATION/LICENSURE:
 CCC-SLP CCC-A PLA DPS/SCHOOLS CF FIRST STEPS OTHER _____

PROFESSIONAL MEMBERSHIP: ASHA AAA ISTA OTHER _____

HIGHEST DEGREE EARNED:
 BACHELOR'S: YEAR _____ UNIVERSITY _____
 MASTER'S IN SLP/AUD: YEAR _____ UNIVERSITY _____
 DOCTORATE: YEAR _____ UNIVERSITY _____

Are you interested in serving as a CF supervisor? YES NO

Is your work site interested in serving as an Internship site? YES NO

PLEASE COMPLETE OTHER SIDE

