



# South Western Illinois Speech, Language & Hearing Association

## Membership Form

Name \_\_\_\_\_

Address \_\_\_\_\_ Check here if this is a new address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ E-Mail: \_\_\_\_\_

### Membership Type

Regular Member Aud \_\_\_\_ Sp \_\_\_\_  
Student Member Aud \_\_\_\_ Sp \_\_\_\_  
Associate Member Parent \_\_\_\_ Administrator \_\_\_\_ Educator \_\_\_\_

Work Site School \_\_\_\_ Hospital \_\_\_\_ Agency \_\_\_\_ University \_\_\_\_ Other \_\_\_\_\_

Check if you are a member of ASHA \_\_\_\_ AFT/IFT \_\_\_\_ Last Degree Earned  
ISHA \_\_\_\_ NEA/IEA \_\_\_\_ BS \_\_\_\_ MS \_\_\_\_ PhD \_\_\_\_ Other \_\_\_\_  
NSSHLA \_\_\_\_

Do you have CCC SLP \_\_\_\_ Illinois Licensure SLP \_\_\_\_ Hearing Aid  
A \_\_\_\_ Dispensers \_\_\_\_  
BOTH \_\_\_\_ BOTH \_\_\_\_

At a cost of \$2.00 per letter, do you need a letter stating your membership in SWISHA to be sent to your director/administrator? If YES, please state:

Director's Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_  
(list others on back of this form)

I am interested in the following topic(s): \_\_\_\_\_

I would like to recommend \_\_\_\_\_ as a SWISHA meeting speaker.

I am willing to help on the following committee(s). (please circle)

Scholarship Membership Public Relations Newsletter Nominations & Elections Program

SWISHA tries to accommodate each member's choice of committee; however, this is not always possible. Please indicate your preference and we will attempt to fulfill your request.

### Annual Dues

Regular and Associate \$18.00 (\$20.00 after the first meeting)

Student Dues \$5.00

Letters \$2.00 each

Scholarship Fund Donation \_\_\_\_\_

DUES \_\_\_\_\_

LETTERS \_\_\_\_\_

SCHOLARSHIP \_\_\_\_\_

TOTAL \_\_\_\_\_

Payable to: SWISHA  
Send to: P.O. Box 37  
Glen Carbon, IL 62034