

# 2010 MEMBERSHIP APPLICATION

## Texas Speech-Language-Hearing Association

918 Congress Avenue, Ste 200 · Austin, TX 78701  
888-SAY-TSHA · 512-494-1129 (fax) · www.txsha.org



TSHA Member #:

Billing Date: 10/15/2009

Due Date: 01/01/2010

Name: \_\_\_\_\_

*(Your home address is essential for identifying and contacting your federal and state legislator.)*

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*(Provide mailing address if it is different than your home address.)*

### Please make any corrections/additions to your information below.

Employer/University:

Work Phone:

Home Phone:

Cell Phone:

Email:

Primary and Secondary Setting:

*(Please specify: Public School, Private Practice, Home Health, University, Non-University Clinic, Community Agency, Other)*

Specialty:  SLP  AuD

TX SLP/AuD License #:

Highest Degree Attained:

**If your membership category has changed, please indicate the change below by circling the correct category; otherwise, you are agreeing that the category marked is correct. After 1/31/2010 a \$20 late fee for Active, Associate, and Affiliate membership renewals and a \$10 fee for Student membership renewals is applicable.**

- |                         |   |
|-------------------------|---|
| <b>Active Member</b>    | (\$80 – Master's or Doctorate Degree)   |
| <b>Associate Member</b> | (\$75 – Bachelor's Degree)  |
| <b>Affiliate Member</b> | (\$45 – Any interested party who <b>does not</b> qualify for Active or Associate Membership)          |
| <b>Life Member</b>      | (\$0 – Age 65+ and active for 15 years)   |
| <b>Student Member</b>   | (\$25 – Minimum 6 hours required. Student <b>must</b> identify program coordinator to verify status.) |

Mth/Yr of Graduation: \_\_\_\_/\_\_\_\_ Program Coordinator: \_\_\_\_\_

Coordinator's Email: \_\_\_\_\_

### Following is your payment information.

Annual Dues: \$ \_\_\_\_\_

TSHA PAC Contribution\*: \$ \_\_\_\_\_ *(suggested amounts: \$25, \$50, \$100)*

TSHFoundation Donation: \$ \_\_\_\_\_ *(suggested amounts: \$25, \$50, \$100)*

**TOTAL Payment:** \$ \_\_\_\_\_ *(include late fee if after 1/31/2010)*

\*The purpose of the TSHA-PAC is to support candidates for State Legislature who have demonstrated support for health, education, and disability issues that are beneficial to speech-language pathologists, audiologists, and persons with disabilities, and to provide the TSHA members the opportunity to become more involved in the political process. The TSHA will not look with favor or disfavor upon any member because of his/her level of contribution or decision to contribute. The TSHA-PAC cannot accept corporate checks; however, corporate checks that are drawn on a TSHA member's independent practice and written to either "TSHA" or "TSHA-PAC" will be kept by the TSHA to defray TSHA-PAC's administrative expenses. Contributions to the TSHA-PAC are not deductible for federal income tax purposes.

Dues payments are deductible as an ordinary and necessary business expense. Under IRS rules IR-93-98 and notice 93-55, the government now requires exempt organizations to estimate the percentage of a member's dues utilized for lobbying purposes. It has been determined that 50% of your dues are not deductible as a business expense under IRS rules.

### Payment Method

Check/Money Order (Check # \_\_\_\_\_)

MasterCard

AMEX

VISA

Discover

Credit Card #: \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

Billing Address, City, State, Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

**Mail form with payment to TSHA: 918 Congress Ave., Ste. 200, Austin, TX 78701 or fax form to 512-494-1129.**

**Membership renewal is available online at [www.txsha.org](http://www.txsha.org) if paying by credit card.**

**With questions call 888-SAY-TSHA.**