

Texas Speech-Language-Hearing Association

Student Representative Position on the Executive Board

Please provide the TSHA State Office with the following information.

Candidate Information

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Summer Address (if different from above): _____

Email: _____ Phone: _____

School Information

University Attending: _____

Year in School: _____ Anticipated Date of Graduation: _____

Degree to be Earned: _____

Membership Information

TSHA Member? Yes No

Local NSSLHA Member? Yes No

National NSSLHA Member? Yes No

Recommendation Information

Please list the names of those who will be sending a recommendation on your behalf.

Name: _____

Email: _____ Phone: _____

Name: _____

Email: _____ Phone: _____

Name: _____

Email: _____ Phone: _____

Please return this form, your two recommendation letters (*in a sealed signed envelope*), and your current resume to the TSHA State Office no later than May 31st.

918 Congress Avenue, Suite 200 – Austin, Texas 78701
staff@txsha.org – 512-494-1127 – 512-494-1129 (f)