

# TSHA Membership Application

Please type or print legibly. Complete this entire form. TSHA membership runs from January through December. Dues are not prorated. DO NOT USE THIS FORM IF YOU ARE CURRENTLY A TSHA MEMBER AND WISH TO RENEW.

## Name, Address & Employment/University

First: \_\_\_\_\_ Last: \_\_\_\_\_ Former: \_\_\_\_\_  
 Employment: \_\_\_\_\_  
 Title/Position: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Preferred Mailing Address:  Home  Business Preferred Phone:  Home  Business

## Membership Category

- Active Membership Annual Dues \$80 Master's or Doctorate degree in the profession
- Associate Membership Annual Dues \$75 Bachelor's degree
- Affiliate Membership Annual Dues \$45 Any interested party who does not qualify for either Active or Associate TSHA Membership

### Student Membership (\$25)

Contact TSHA Headquarters to receive a Student Application, or download one from [www.txsha.org](http://www.txsha.org).

## Degrees, Certifications, Specialty & Regional Association Memberships

Highest Degree: \_\_\_\_\_ Ma: \_\_\_\_\_  
 Area of Specialization: \_\_\_\_\_ Dates: \_\_\_\_\_  
 Institutions: \_\_\_\_\_  
 Primary Specialty:  Speech-Language Pathology  Audiology  Deaf Education  Other: \_\_\_\_\_  
 ASHA Member?  Yes  No ASHA Certification:  CCC (SLP)  CCC (A)  CCC (SLP/A)  
 Other Association Memberships: \_\_\_\_\_  
 TEA Certification, Provisional All Levels:  Yes  No Texas License?  Yes  No License #: \_\_\_\_\_  
 Texas Licensed Assistant?  Yes  No License #: \_\_\_\_\_  
 Bilingual?  Yes  No Language(s): \_\_\_\_\_  
 Professional Setting (put a '1' by your primary setting and '2' by your secondary setting, if applicable)  
 Public Schools  University  Non-University Hospital Clinic  
 University Hospital Clinic  Private Practice  Community Agency  Other: \_\_\_\_\_

## Method of Payment

MEMBERSHIP DUES (see dues amounts above) \$ \_\_\_\_\_  
 TSHFoundation (voluntary contribution) \$ \_\_\_\_\_  
**TOTAL DUE** \$ \_\_\_\_\_

My check # \_\_\_\_\_ is enclosed in the amount of \$ \_\_\_\_\_.

Please charge my:  VISA  MC  AMEX  Discover

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Full Address of Cardholder \_\_\_\_\_

Name of Cardholder \_\_\_\_\_ Signature \_\_\_\_\_

### How did you hear about TSHA?

Please check one:

- Convention  Friend
- Membership Brochure  Other

## TSHA - PAC

TSHA-PAC Donation\* \$10 \$50  Separate Non-Corporate Check  
 \$25 \$ \_\_\_\_\_  Charge Non-Corporate Credit Card Above

\* PAC donation must be a separate non-corporate check or credit card charge. Contributions are voluntary and do not affect your standing in an professional organization.



### Please Send Application With Payment To:

918 Congress Avenue, Suite 200, Austin, Texas 78701  
 Phone: 512-494-1127 or 888-SAY-TSHA (729-8742)  
 Fax: 512-494-1129, [www.txsha.org](http://www.txsha.org)