

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.

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