

2009 MEMBERSHIP RENEWAL

Texas Speech-Language-Hearing Association

918 Congress Avenue, Suite 200 • Austin, Texas 78701
512-494-1127 phone • 888-SAY-TSHA toll free • 512-494-1129 fax • www.txsha.org



Member #:
Billing Date: 10/15/08
Due Date: 01/01/09

Information listed below will be published in the online membership directory, available only to TSHA members. Your address is where you will receive official TSHA mailings. Your email address will be used for TSHA email updates and notices from the State Office.

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

Name: _____ Office/University: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Cell Phone: _____ Fax: _____
Work Phone: _____ Home Phone: _____
Texas SLP/AUD License #: _____ Specialty: _____ Degree Attained: _____
ASHA and/or TEA Certification: _____ Languages Spoken (other than English): _____
Primary Professional Setting: _____ Secondary Professional Setting: _____
Public School, University, Non-University Hospital/Clinic, University Hospital/Clinic, Private Practice, Community Agency, Other (please specify)
Date of Birth: _____ Date Joined TSHA: _____

B. If your membership category has changed, please indicate the change below by circling the correct category, otherwise, you are agreeing that the category checked is correct.

After 1/31/09 a \$20 late fee for Active, Associate, and Affiliate Membership Renewals and a \$10 fee for Student Membership Renewals is applicable.

Active Member (\$80 – Master's or Doctorate Degree)
Associate Member (\$75 – Bachelor's Degree)
Affiliate Member (\$45 – Any interested party who does not qualify for Active or Associate Membership)
Life Member (\$0 – Age 65+ and active for 15 years)
Student Member (\$25 – Minimum of 6 hours required. Student member MUST identify program coordinator who can verify student status.)
Mth/Yr of Graduation: _____/_____ Program Coordinator: _____
Coordinator's Email: _____

C. The following information is your membership category, dues owed, and PAC contribution information.

Dues: **\$80.00** *TSHA-PAC Contribution: \$_____ (check below) TSHFoundation Contribution: \$_____
PAC Donation Amount: ___\$10 ___\$15 ___\$25 ___\$50 **TOTAL:** _____
(include late fee after 01-31-09)

**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.*

Contributions or gifts to this organization are not deductible as charitable contributions 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.

D. Payment Method

Check/Money Order (Check # _____) MasterCard AMEX VISA Discover
Credit Card # _____ Exp. Date: _____
Billing Address (if different from above): _____
Cardholder Name: _____ 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 if paying by credit card. With questions call 888-SAY-TSHA.**