



MEMBERSHIP APPLICATION/RENEWAL FORM IDAHO SPEECH LANGUAGE & HEARING ASSOCIATION, 2010

If there are corrections/additions or you are a new member, please fill in the appropriate boxes on the front. Also all members need to complete the back section of this form.

NEW! The membership directory will now be available **ON-LINE!** To be included in the **2010 ISHA Membership Directory**, your membership application must be postmarked by **February 1, 2010**.

1. Indicate your home mailing address below: <input type="checkbox"/> New <input type="checkbox"/> Correction Name: _____ Street: _____ Town: _____ County: _____ State: _____ Zip: _____ Phone: _____ email: _____ ISHA REGION: I _____ II _____ III _____ Northern Western Eastern	2. Indicate your work mailing address below: <input type="checkbox"/> New <input type="checkbox"/> Correction Employer (include Dist. #): _____ Street: _____ Town: _____ County: _____ State: _____ Zip: _____ Phone: _____ email: _____ Fax Number: _____
3. <input type="checkbox"/> Name Change Previous Name: _____ 4. Highest College Degree: _____ Year Graduated: _____ Where obtained: _____	5. New Member? Yes No Who Recruited you?
6. Professional Affiliation (check one) <input type="checkbox"/> (SLP) Speech-Language <input type="checkbox"/> (A) Audiology <input type="checkbox"/> (SLP/A) Speech-Language/Audiology <input type="checkbox"/> (HI) Teacher of the Hearing Impaired/Deaf <input type="checkbox"/> (S) Student <input type="checkbox"/> (O) Other _____	7. Work setting most applicable (Check one): <input type="checkbox"/> School System <input type="checkbox"/> Private Practice <input type="checkbox"/> Hospital/Rehab Center <input type="checkbox"/> Long Term Care <input type="checkbox"/> Other _____
8. ASHA Status <input type="checkbox"/> (M) Regular Member <input type="checkbox"/> (N) Non-Member <input type="checkbox"/> CCC-A <input type="checkbox"/> CCC-SLP <input type="checkbox"/> CCC-SLP/A <input type="checkbox"/> Pupil Personnel Certificate	9. State Teaching Certificate: <input type="checkbox"/> SLP <input type="checkbox"/> AUD <input type="checkbox"/> HI
10. DUES: Active ..(EARLY BIRD before 2/1/10)... \$50.00 _____ Active ..(After 2/1/10)..... \$60.00 _____ Active.. (After 5/1/10)..... \$80.00 _____ *Student \$10.00 _____ ***Active CFY \$25.00 _____ Honorary No dues _____ Life No dues _____ <p style="text-align: center;">Directory is only available on the ISHA website</p> *Advisor/Chair Signature _____ ***ASHA Supervising Clinician Signature _____	11. Please return the completed form with a check or money order payable to ISHA. <div style="text-align: center;"> Lorraine Jewell ISHA Admin. Assist. 1411 E. Amity Ave. Nampa, ID 83686-5540 </div> <p>The ISHA membership year runs from January 1st to December 31st. Membership Applications must be postmarked by 2/1/10 for inclusion in the 2010 Membership Directory.</p>
(Signature) _____ I agree to abide by the ISHA Code of Ethics.	<p style="text-align: center;">OFFICE USE ONLY</p> Received: Date _____ Amt. _____ Check # _____ List Management: Mail List _____ Directory _____ Cross Reference _____ Double Check _____

Please complete section #12 and the feedback section below.

ISHA dues are not a charitable tax deduction.

12. **YES**, I am willing to serve in ISHA in one or more of the following:

- Archivist: Gather, maintain, and make available ISHA history.
- Budget: Project and monitor expenses of ISHA Activities
- Continuing Education: Promote professional growth through membership needs assessment & Videotape Library
- Convention: Participate on the annual convention committee
- Executive Board: If so, which position?
- Legislative Councilor: Be considered for nomination as a Legislative Councilor
- Legislature: Promote political awareness and action
- Membership/Directory: Assist with recruiting and retaining members and/or producing a directory
- Newsletter: Gather articles, edit, print, and distribute a timely newsletter
- Public Information Network (PIN): Increase public awareness of communication disorders and the professionals who treat individuals with communication disorders
- "SEAL" – State Education Advocacy Leader
- Regional Representative: Promotes educational/professional needs of members
- University & College Liaison: Promote cooperation between training institutions and ISHA; exchange training needs and promote student involvement in ISHA
- "STAR" - State Advocates for Insurance Reimbursement

ACTIVE: Master's Degree or equivalent in Speech-Language Pathology or Audiology

ASSOCIATE: Professional in an allied field; bachelor's degree in Speech-Language Pathology or Audiology; communication disorders paraprofessional; or consumer of speech, language, and/or hearing services

LIFE: Ten years of Active ISHA membership and have reached age sixty-two

STUDENT: Full-time student in the field of communication disorders (Academic Advisor/Department Chair must sign membership form section #10)

HONORARY: Person who has made a unique contribution to the field of communication disorders and has been recommended by the Executive Board

ACTIVE CFY: Master's Degree or equivalent in Speech-Language Pathology or Audiology and Begin or complete a CFY during current membership year.
(ASHA Supervising Clinician MUST sign membership form section #10).

FEEDBACK: The ISHA Board and Committee chairpersons want your input. All comments will be summarized and presented to the ISHA Executive Board in a formal report. Please contribute your ideas for improvement of your Association. Your feedback helps produce unique Idaho conventions and useable Membership Directories. Thank you for your input!

(Please feel free to attach additional pages for your response.)

I do ___/do not___ authorize my contact information to be used by other organizations for continuing education, updates, marketing, and professional issues.

DO YOU APPROVE OF THE PROPOSED 2010 BUDGET? (___) YES (___) NO

Complete and return form postmarked by January 31, 2010, to be counted in the budget vote!!!!

If you have questions about membership, you may call or e-mail

Sarah Knudson
Membership Chair
(208) 282-2219
email knudsara@isu.edu