



MEMBERSHIP APPLICATION/RENEWAL FORM IDAHO SPEECH, LANGUAGE, HEARING ASSOCIATION, INC. 2012

Please help us update our records and complete entire form- front and back!

The membership directory is available **ON-LINE!** To be included in the **2012 ISHA Membership Directory**, your membership application must be postmarked by **February 1, 2012.**

1. Indicate your home mailing address below: <input type="checkbox"/> New <input type="checkbox"/> Correction	2. Indicate your work mailing address below: <input type="checkbox"/> New <input type="checkbox"/> Correction
Name: _____	Employer (include Dist. #): _____
Street: _____	Street: _____
Town: _____ County: _____ State: _____ Zip: _____	Town: _____ County: _____ State: _____ Zip: _____
Primary Phone: _____	Phone: _____
Email: _____	Email: _____
ISHA REGION: I _____ II _____ III _____ Northern Western Eastern	Fax Number: _____
3. <input type="checkbox"/> Name Change Previous Name: _____	5. New Member? Yes No Who Recruited you?
4. Highest College Degree: _____ Year Graduated: _____ Where obtained: _____	
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 2/1/12)... \$60.00 _____ 5 memberships submitted together before 2/1/12.... \$45 each for a total \$225.00 _____ Active...(After 2/1/12)..... \$75.00 _____ Active.. (After 5/1/12)..... \$80.00 _____ *Student \$10.00 _____ ***Active CFY \$25.00 _____ Honorary No dues _____ Life No dues _____ *Advisor/Chair Signature _____ ***ASHA Supervising Clinician Signature _____	11. Please return the completed form with a check or money order payable to ISHA. <p style="text-align: center;">Lorraine Jewell ISHA Admin. Assist. 1411 E. Amity Ave. Nampa, ID 83686-5540</p> <p style="text-align: center;">ISHA membership year runs from January 1st to December 31st.</p>
(Signature) _____ I agree to abide by the ISHA Code of Ethics.	OFFICE USE ONLY Received: Date _____ Amt. _____ Check # _____ List Management: Mail List _____ Directory _____ Cross Reference _____ Double Check _____
Please Continue on Back	

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. Life members are eligible for free membership but must pay for convention or continuing education events if they wish to participate.
- 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.

I do ___/do not ___ authorize my photograph or personal information to be displayed on the ISHA website (photographs used are from conventions and ISHA sponsored events)

DO YOU APPROVE OF THE PROPOSED 2012 BUDGET? () YES ()

Complete and return form postmarked by January 31, 2012, to be counted in the budget vote!!!!

If you have questions about membership, you may call or e-mail
 Gabriel Bargaen and Jody O'Donnell Membership Chair
 Gabriel (208) 373-1722; Jody (208) 282-3349
 email (Gabriel) barggabr@isu.edu (Jody) odonjod2@isu.edu