# Pass this on to a colleague to join MNSHA!



**Member Information** 

### Minnesota Speech-Language-Hearing Association

700 McKnight Park Drive, Suite 708, Pittsburgh, PA 15237 Website: www.MNSHA.org • Email: office@MNSHA.org • Phone: 855-727-2836

#### MEMBERSHIP APPLICATION

Membership Year: October 1 - September 30

Name:	Credentials:
Address:	
☐ Work Address ☐ Home Address	
	State: Zip:
	Cell #:
Email:	
	cion omitted from labels sold for CEU offerings and
☐ Include my information in the MNSHA	A Online Member Directory.
Residing County:	
Position:	
We are developing a directory of bilingua	al and multilingual practitioners. If you would like to be n additional languages with which you communicate.
	ommodations for committee meetings and/or professional ease notify the MNSHA Office of your request.
MN License (check all that apply): ☐ MN Board of Teaching	Licensure
Highest Degree Earned: ☐ Bachelor	☐ Master ☐ Doctoral
Memberships and Certifica	ations

#### Membership Eligibility and Dues

Please check membership category.

MNSHA membership dues are not deductible as a charitable contribution for U.S. federal income

tax purposes, but may be deductible as a business expense. MNSHA estimates that 20% of your dues are not deductible due to MNSHA's lobbying activities on behalf of its members.

Membership Type	One Year	Two Year	
Regular Member	□ \$99	□ \$178	
Associate Member	□ \$80	□ \$144	
Affiliate Member	□ \$50	□ \$90	
Student Member	□ \$20	□ \$36	
Recent Graduate Member		□ \$99	
Life Member	□ \$30	□ \$54	
Associate Life Member	□ \$30	□ \$54	

Please see www.MNSHA.org for an explanation of member categories as well as eligibility requirements for group and organizational memberships.

hest Degree Earned:	<b>□</b> Bachelor	<b>□</b> Master	☐ Doctoral			
Memberships ar	nd Certificat	ions			Referral	
☐ ASHA Member	☐ CCC-AL	JD	☐ CCC-SLP		Membership Referred By:	
ges Served			Volunteer Interest	eer Interest		
All Ages	orn 🗖 Preschoo		Let us know where your interests talents lie. Volunteer opportunition involve committee or project part	es may	Payment Options	

**Work Setting** ☐ School ☐ College/University ☐ Center/Clinic ☐ Hospital/Rehab ☐ Federal or State Agency ☐ Private Practice ☐ Long-Term Care ☐ ENT/Medical Practice ■ Retired Other

## Listservs

☐ AAC ☐ Audiology ☐	Education Issues  MN Voice
☐ Health Care Issues	☐ Multicultural Issues

- ☐ AAC Evaluations and Therapy (Clinic, School, Private)
- Advertising/Marketing
- ☐ Continuing Education
- Conventions
- ☐ Ethical Practice
- ☐ Financial Advisory
- ☐ Health Care Issues
- ☐ Legislative Steering
- Membership
- ☐ Multi-Cultural Issues
- Newsletter
- Nominations and Elections
- ☐ Peer Standards Review
- Recognition and Awards
- ☐ School Services Issues

Join Online - Visit www.MNSHA.org and log in to your account to pay online with a credit card.

Mail/Fax - Complete this form and mail/fax it to the MNSHA Office with your method of payment.

- ☐ Check (payable to MNSHA)
- ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

SIGNATURE

CREDIT CARD ACCOUNT NUMBER

EXPIRATION DATE