Pass this on to a colleague to join MNSHA!

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

Member Information

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 98% of your dues are not deductible due to MNSHA's lobbying activities on behalf of its members.

Name: _____ **Credentials:**_____
Pronouns:_____
Address:_____
_____
❑ Work Address ❑ Home Address
City:_____ **State:**_____ **Zip:**_____
Work #: _____ **Cell #:** _____
Email: _____
❑ Check here if you want your information omitted from labels sold for CEU offerings and profession-related opportunities.
❑ Include my information in the MNSHA Online Member Directory.
Residing County:_____
Employer: _____
Position: _____
We are developing a directory of bilingual and multilingual practitioners. If you would like to be included on the directory, please write in additional languages with which you communicate.
_____
❑**Check if you are in need of any ADA Accommodations for committee meetings and/or professional development opportunities. In addition, please notify the MNSHA Office of your request. MN License** *(check all that apply):*
❑ MN Board of Teaching Licensure ❑ MN Department of Health Licensure
Highest Degree Earned: ❑ Bachelor ❑ Master ❑ Doctoral

Membership Eligibility and Dues

Please check membership category.

Membership Type	*One Year*
Regular Member	❒ $99
Associate Member	❒ $80
Affiliate Member	❒ $50
Student Member	❒ $20
Recent Graduate Member	❒ $9
Life Member	❒ $30
Associate Life Member	❒ $30

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

Memberships and Certifications

❑ ASHA Member ❑ CCC-AUD ❑ CCC-SLP

Referral

Membership Referred By:
_____

Ages Served

❑ All Ages ❑ Newborn ❑ Preschool
❑ School Age ❑ Adult ❑ Geriatric

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

Volunteer Interest

Let us know where your interests and talents lie. Volunteer opportunities may involve committee or project participation.

❑ 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

Payment Options

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.

Automatic Renewal - MNSHA will retain your credit card information and charge your credit card annually for your membership fees. It is the responsibility of the card holder to notify MNSHA of any changes to the card information.
❑ Opt out of Automatic Renewal

❑ Check (payable to MNSHA)
❑ Visa ❑ MasterCard ❑ Discover ❑ American Express

x _____
SIGNATURE

CREDIT CARD ACCOUNT NUMBER
| | | | | | | | | | | | | | | | |

EXPIRATION DATE
| | | | |