

**ARKANSAS SPEECH-LANGUAGE-HEARING ASSOCIATION
APPLICATION FOR MEMBERSHIP**

First Name: _____ Middle: _____ Last Name: _____
Recruited/Referred by: _____

APPLYING FOR:

_____ Full member, Speech-Language Pathologist- -\$60.00 SLP # _____
Requires a Master's degree in Speech-language Pathology & adherence to the Code of Ethics adopted in 1991

_____ Full member, Audiologist - \$60.00 AUD # _____
Requires a Master's degree in Audiology & adherence to the Code of Ethics adopted in 1991

_____ Associate member-\$45.00
Requires an undergraduate degree in speech or hearing or an allied Profession. Must abide by the spirit of the Code of Ethics

_____ Student member - \$25.00
Requires full-time enrollment in speech-language pathology or audiology

Former Student Members will receive a \$10.00 discount on initial Full member dues provided they have current student membership status when they apply.

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Email Address _____

Place of Employment _____

Address _____ City _____ State _____ Zip _____

County _____ Work Phone _____ Fax _____

Full & Associate Members: Academic Degree _____ Year _____ Institution _____

CERTIFICATION/LICENSURE (check all that apply)

_____ ASHA CCC-SLP _____ ASHA CCC-A _____ ASHA CF-SLP _____ ASHA CF-A

_____ AR Licensure, SLP _____ AR Licensure, A _____ Public School Certification/Licensure

Student Members:

A. I am currently a full-time undergraduate/graduate (circle one) student at: _____
(name of university)

B. Estimated date of graduation: _____

C. Signature of Program Chair or Advisor: _____

** Membership dues are not deductible as charitable contributions for federal income tax purposes. In addition 21 % of your dues spent for governmental relations are not deductible as a business expense.*

SEND APPLICATION & DUES TO:

ArkSHA
P.O. Box 24103
Little Rock, AR 72221

FAX: 501-224-0988

Questions call: 501-244-0621

Check #: _____
Visa/ MasterCard #: _____ - _____ - _____ - _____
Exp. Date: _____ CVV: _____
Name on Card: _____
Billing Address (if diff from above): _____



The Arkansas Speech-Language-Hearing Association (ArkSHA) is the professional organization dedicated to serving the needs of speech-language pathologists and audiologists by offering opportunities for professional growth, fostering interaction among professionals in the state, and maintaining; high standards for education and service delivery. The Association encourages the basic study of human communication, promotes appropriate academic and clinical preparation and the investigation and prevention of disorders of human communication, fosters improved clinical procedures, and promotes the individual and collective professional interest of the members of the Association. ArkSHA holds paramount the right of persons with communication disorders to comprehensive and quality services. The Association serves common interests as a resource for information about human communication disorders and services and the practice of the professions.

- ArkSHA Provides:**
- * Annual professional convention with ASHA CEU's and ABESPA CPE's
 - * Quarterly Newsletter
 - * Job Placement Bureau
 - * Directory of Membership
 - * Directory of Services
 - * Legislative Lobbying for the Professions

Membership Classifications:

- Full member - voting status; requires a Master's degree in Speech-language Pathology or Audiology.
- Requires adherence to the Code of Ethics adopted in 1991
- Associate member - non-voting status; requires an undergraduate degree in speech or hearing or an allied Profession. Must abide by the spirit of the Code of Ethics.
- Student member - non-voting status; requires full-time enrollment in speech-language pathology or audiology.

To Join:

- Full member - complete the reverse of this application, send \$60.00 *and* a copy of one of the following for proof of Master's degree:
 - *graduate transcript
 - *current ASHA card (stamped "certified member")
 - *current Arkansas licensure card
 - *Department of Education licensure
- Associate member - complete the reverse of this application and send \$45.00
- Student member - complete the reverse of this application with program chair or advisors signature and send \$25.00

SEND APPLICATION, CREDENTIALS (WHERE APPROPRIATE) AND DUES TO:
ArkSHA (Arkansas Speech-Language-Hearing Association)
P.O. Box 24103, Little Rock, AR 72221

Questions call: 501-244-0621