



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 \$50.00 *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 sent \$25.00

SEND APPLICATION, CREDENTIALS (WHERE APPROPRIATE) AND DUES TO:
Arkansas Speech-Language-Hearing Association
P.O. Box 250261, Little Rock, AR 72225