



# MSHA MEMBERSHIP APPLICATION

Membership is valid for one year from date of payment

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Preferred Address: Work:  Home:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Job Title/Professional Background:

- Audiologist
- SLP
- A/SLP
- Teacher of the Deaf
- SLP Assistant
- Audiology Assistant
- Student
- Other

If you selected "Other" please explain. \_\_\_\_\_

Company/Employer: \_\_\_\_\_

### Credentials:

- CCC-A
- CCC-SLP
- CCC-A/SLP
- Not Certified
- In Process
- American Board of Audiology

I am licensed in the Commonwealth of MA  Yes  No License Number: \_\_\_\_\_

Has licensure ever revoked?  Yes or  No

If yes, please explain: \_\_\_\_\_

### Occupational setting: Select all that apply.

- Clinic
- Early Intervention
- Home Care
- Hospital
- Manufacturer/Dist.
- Medical Office
- Private Practice
- Rehab Agency
- Retired
- Sales
- Skilled Nursing
- School
- University
- VA
- Not currently practicing

### Ages Served: Check all that apply.

- Newborn
- Infant/Toddler
- Child
- Adolescent
- Adult
- Geriatrics
- Not applicable

### Do you have ASHA Specialty Board Certification in one of the following areas?

- Child Language
- Fluency
- Swallowing
- No specialty certification

Do you have AAA/ABA specialty certification?  Yes  No

Area of AAA/ABA Specialty Certification: \_\_\_\_\_

### Areas of professional specialty for speech-language pathology: Select all that apply.

- Language - Child
- Language - Adult
- Deaf Education
- Medically Complex
- Accent Reduction
- Articulation/Phonology
- Voice
- Dysphagia
- Aural Rehabilitation
- Certified Early Intervention
- AAC
- Bilingual
- Not applicable

If providing bilingual services, what language(s) do you speak?

**Areas of professional specialty for audiology.** Select all that apply.

- |                                               |                                                |                                               |                                                |
|-----------------------------------------------|------------------------------------------------|-----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> ALDS                 | <input type="checkbox"/> Cochlear Implants     | <input type="checkbox"/> Evoked Potential     | <input type="checkbox"/> Other Audiology Cert. |
| <input type="checkbox"/> Aural Rehabilitation | <input type="checkbox"/> Cerum Management      | <input type="checkbox"/> HA Dispensing        | <input type="checkbox"/> Not Applicable        |
| <input type="checkbox"/> Balance              | <input type="checkbox"/> Diagnostic Audiology  | <input type="checkbox"/> Hearing Conservation |                                                |
| <input type="checkbox"/> CAPD                 | <input type="checkbox"/> Educational Audiology | <input type="checkbox"/> Pediatric Audiology  |                                                |

Other audiology certification. Describe: \_\_\_\_\_

I am interested in being contact about service on MSHA's Executive Council.  Yes  No

**Volunteer Opportunities:** Select all of interest.

- |                                               |                                             |                                                          |
|-----------------------------------------------|---------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Convention Planning  | <input type="checkbox"/> Newsletter         | <input type="checkbox"/> Student Affairs                 |
| <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Private Practice   | <input type="checkbox"/> I cannot volunteer at this time |
| <input type="checkbox"/> Governmental Affairs | <input type="checkbox"/> Public Information |                                                          |
| <input type="checkbox"/> Membership           | <input type="checkbox"/> School Affairs     |                                                          |

**Type of Membership:** check one

<input type="checkbox"/> Active	Doctorate or Master's degree or Equivalent in Speech-Language Pathology, Audiology, Speech & Hearing Science, or related field. Active members may vote on MSHA business.	<b>\$60.00</b>
<input type="checkbox"/> Associate	Bachelor's Degree majoring in Speech-Language Pathology or Audiology. Associate members have no voting status.	<b>\$45.00</b>
<input type="checkbox"/> Assistant	SLP/Audiology Assistants working in the fields of Speech-Language Pathology or Audiology. SLP/Audiology Assistant members have no voting status.	<b>\$45.00</b>
<input type="checkbox"/> Life	Continuous member of MSHA for at least twenty years. Life members may vote on MSHA business.	<b>Free</b>
<input type="checkbox"/> Student	Those majoring or minoring in Speech-Language Pathology and/or Audiology in the state of Massachusetts. Student members do not have voting status. Student members must obtain the signature of their Academic department head to join MSHA	<b>\$10.00*</b>

I do **not** wish to be contacted by or receive information from other organizations/vendors within our industry.

**Payment Information**

Total Membership Dues	\$ _____
<b>I would like to be listed in the public referral directory for a \$30.00 Fee</b>	<b>\$ _____</b>
Donation to MSHA Scholarship Fund	\$ _____
Additional donation to support	\$ _____
<b>Total</b>	<b>\$ _____</b>

**Credit Card Information:**

Credit card type:

MasterCard  Visa    Number \_\_\_\_\_ Exp. \_\_\_\_\_ CVV \_\_\_\_\_

\_\_\_\_\_  
Mailing address for credit card

\_\_\_\_\_  
Cardholder Name (please print):

**Check enclosed.** Make check payable to MSHA. Mail payment to: MSHA  
411 Waverley Oaks Road, Suite 331B  
Waltham, MA 02452

**By signing below, I agree to adhere to the Code of Ethics of the Massachusetts Speech-Language-Hearing Association and I accept MSHA's non-discrimination policy.**

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date