ENHANCING COMMUNICATION AND QUALITY OF LIFE
WSHA
Wyoming Speech-Language-Hearing Association

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WSHA@LIVE.COM

WSHA FED. TAX #90-0391029
Membership Year:
January 1, 2017 - December 31, 2017
Check #
Amount $_____ Date_____

Please keep the top half as your receipt.
Please return the lower portion along with dues payment.

WSHA MEMBERSHIP RENEWAL APPLICATION – January 1, 2017 - December 31, 2017

Please review all information for changes/additions to ensure accuracy in the directory.

Membership #:

Name:

Credentials:

Address:

❒ Home Phone:

❒ Business Phone:

❒ Cell Phone:

(Check one phone number that will be your primary number for listing in the WSHA directories.)

Email:

Employer:

Title:

❒ Please remove me from the WSHA Listserv
❒ Include my information in the Public Directory.

PLEASE CHECK ALL THAT APPLY:

FIELD:
❒ SLP ❒ AUD ❒ SLP/AUD

ASHA CERTIFICATION:
❒ CCC-A ❒ CCC-SLP ❒ CCC-A & CCC-SLP

PROFESSIONAL TEACHER BOARD CERTIFICATION:
❒ Yes ❒ No

WYOMING LICENSE:
❒ SLP ❒ AUD ❒ DUAL SLP/AUD

HIGHEST DEGREE EARNED:
❒ Bachelors ❒ Masters ❒ Doctoral
Year Graduated: _____
University Granting Highest Degree: _____

❒ I have CFY Availability ❒ I have Externship Availability

GET INVOLVED! I am interested in the following committees:

❒ Awards
❒ CEU Administration
❒ Finance
❒ Non-dues Revenue
❒ Public Awareness
❒ Student Scholarships
❒ Available Board Member Positions

MEMBERSHIP DUES

Please check membership category.

Membership Type	2017
Full Member	❒ $40
Associate Member	❒ $35
Affiliate Member	❒ $20
Clinical Fellowship 2-year Member	❒ $40
Student Member	❒ $20
Life Member	❒ $0
Retired Member	❒ $0
Sponsored Student/CF Member	❒ $0

STUDENTS
College/University:_____

_____
Signature of University Program Director or faculty member

I would like to sponsor a student.
❒ Student Sponsorship ($20) ❒ Clincal Fellowship Sponsorship ($40)
I would like to be: ❒ an anonymous sponsor ❒ acknowledged as a sponsor

Name of individual being sponsored:

_____

METHOD OF PAYMENT

MEMBERSHIP DUES: $_____
STUDENT SPONSORSHIP: $_____
CF SPONSORSHIP: $_____
DONATION : $_____
TOTAL AMOUNT DUE: $_____

Renew Online - Visit www.wyomingspeechlanguagehearingassociation.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 WSHA Office with your method of payment.

❒ Check (payable to WSHA)
❒ Visa ❒ MasterCard ❒ Discover ❒ American Express

x_____
Signature

EXPIRATION DATE

CREDIT CARD ACCOUNT NUMBER