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

700 MCKNIGHT PARK DRIVE, SUITE 708
PITTSBURGH, PA 15237
PHONE: 855-727-2836 FAX: 888-729-3489
WWW.WYOMINGSPEECHLANGUAGEHEARINGASSOCIATION.ORG
WSHA@LIVE.COM

WSHA MEMBERSHIP APPLICATION

Member Information

Name: _____ **Credentials:** _____

Address: _____

_____

City: _____ **State:** _____ **Zip:** _____

❒ **Home Phone:** _____ ❒ **Business Phone:** _____

❒ **Cell Phone:** _____ **Email:** _____
(Check one phone number that will be your primary number for listing in the WSHA directories.)

Employer: _____

Position: _____

❑ **Please remove me from the WSHA Listserv.**

❑ **Include my information in the Public Referral Directory.**

Highest Degree Earned: ❑ Bachelor ❑ Master ❑ Doctoral

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

Want to Get Involved?

Serving on a committee is a great way to show your support!

❑ Awards
❑ CEU Admin
❑ Finance
❑ Non-Dues Revenue
❑ Public Awareness
❑ Student Scholarships
❑ Available Board Member Positions

Membership Dues

WSHA Dues
Please check membership category.

Membership Type	2019
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)
❒ ClinIcal Fellowship Sponsorship ($40)
I would like to be: ❒ an anonymous sponsor
I would like to be: ❒ acknowledged as a sponsor
I would like to be: ❒ a sponsored student
Name of individual being sponsored:
_____

METHOD OF PAYMENT

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

Visit www.wyomingspeechlanguagehearingassociation.org to join and 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