

# 2022-23 NSLHA Membership Application

Please complete the form below. Thank you for supporting the Nebraska Speech-Language-Hearing Assn.  
 Visit [nslha.org](http://nslha.org) to join or renew your membership online.

Name \_\_\_\_\_ Email \_\_\_\_\_  
 Preferred Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 State License # Type/Title \_\_\_\_\_ ASHA ID # \_\_\_\_\_  
 Highest Degree and Credentials \_\_\_\_\_ Retired  Yes  No

**Membership Type:** (Check appropriate category. Full descriptions can be found on the NSLHA website.)

- Full \$130 Must hold a graduate degree
- Associate \$130 Must hold a Bachelor degree
- Affiliate \$130 Non-SLP or AUD who are interested in supporting NSLHA
- Lifetime \$45.50 Attained age 60 and has been a NSLHA member for 10 years
- 1<sup>st</sup> Year Professional \$65 New Graduates – earned a degree within last 12 months
- Student \$45.50 Enrolled in SLP or AUD degree program

**NSLHA Endowment Fund.** Please consider a tax-deductible contribution to the NSLHA Endowment Fund to support student scholarships, student research grants, and continuing education for professionals.

Add Donation to my payment \_\_\_\_\_

**Payment method:**

check (payable to NSLHA) check # \_\_\_\_\_ credit card (\*A \$5 processing fee will be added to all credit card payments)

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Security code (3 digits) \_\_\_\_\_ Zip \_\_\_\_\_  
 Name as it appears on credit card (print) \_\_\_\_\_  
 Credit Card Billing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Phone # \_\_\_\_\_  
 Email for receipt (if different than above) \_\_\_\_\_

**Your Nebraska Association needs your help.** NSLHA is a volunteer organization. Please consider one of the following opportunities to get involved:

- I am interested in running for a board position
- I am interested in serving on a committee
  - Legislative  Membership  Public Relations  Continuing Ed  Insurance/Reimbursement
- I am interested in serving as a mentor through NSLHA’s mentoring program
- I would like to connect with a mentor through NSLHA’s mentoring program
- I don't know how much time I can spare but would like to be involved in some way

**Remit this invoice and check (if applicable) to:**

Nebraska Speech-Language-Hearing Association  
 8700 Executive Woods Dr, Suite 400  
 Lincoln, NE 68512-9612

Phone: 402-476-1528  
 Email: [cschroeder@capitolmg.com](mailto:cschroeder@capitolmg.com)

Thank you for your continued support of the Nebraska Speech-Language-Hearing Association.