

# 2024-25 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.

Do you wish to be listed in the Online Directory:  Yes  No

Name \_\_\_\_\_ Email \_\_\_\_\_

Address Type:  Home  Work  Company (If work address) \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

State License # Type/Title \_\_\_\_\_ ASHA ID # \_\_\_\_\_

Highest Degree and Credentials \_\_\_\_\_ Retired  Yes  No

Profession:  Aud  SLP – Medical  SLP - School  Student

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

- |  |         |  |
|--|---------|--|
| <input type="checkbox"/> Full                              | \$135   | Must hold a graduate degree                              |
| <input type="checkbox"/> Associate                         | \$135   | Must hold a Bachelor degree                              |
| <input type="checkbox"/> Affiliate                         | \$135   | Non-SLP or AUD who is interested in supporting NSLHA     |
| <input type="checkbox"/> Lifetime                          | \$50.50 | Attained age 60 and has been a NSLHA member for 10 years |
| <input type="checkbox"/> 1 <sup>st</sup> Year Professional | \$70    | New Graduates – earned a degree within last 12 months    |
| <input type="checkbox"/> Student                           | \$50.50 | Enrolled in SLP or AUD degree program                    |

**NSLH Endowment Fund.** Please consider a tax-deductible contribution to the NSLH 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

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.