

NSLHA Membership Application



Please complete the form below. Thank you for supporting the Nebraska Speech-Language-Hearing Assn.

Visit 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 st 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

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