

SHLA/South Cook County Speech, Hearing and Language Association
2010-2011 Membership Application
(New Member, Life Member, and Renewal)

(Application must be received by November 30st to be included in the membership directory.)

Please Print

Name (Dr., Mr., Mrs., Ms.): _____
(First) (MI) (Last)

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Email: _____ (Requested)

Address you want mail sent to, if different from above, beginning with business name:

Employed by: _____

Address: _____

Work Phone: _____

Type of State License held: _____ Certifications held: _____

Undergraduate degree from: _____ Graduate degree from: _____

Area of specialty: _____

Would you be willing to serve on a SHLA committee? If so, please circle one of the following:

Program Committee, Nominations and Elections, Professional Standards, Membership
Committee, Scholarship Committee, Constitution Committee, Financial Review Committee,
Community Education Committee, Banquet Committee

Would you be willing to host a meeting at your work site? Yes _____ No _____

Will you do private therapy? Yes ___ No ___ Will you do CFY supervision? Yes ___ No ___

Are you an ISHA member? Yes ___ No ___

Dues for 2010-2011 are \$25

(\$23 before 08/01/10)

Dues for full-time students, speech

assistants or paraprofessionals are \$13.00

(Please circle which describes your status)

Contribution to scholarship: _____

Name of school attending: _____

Membership Status: _____ Renewal membership

(Please check one) _____ New membership

_____ Life member

Make check payable to SHLA

Mail check to: **SHLA**

P.O. Box 327

Palos Park, Illinois 60464

With my check in the amount of \$ _____, I hereby apply for membership in the South Cook County Speech, Hearing and Language Association.

Signature _____

Date _____

For Committee Use Only

Date Check Received _____ Check Number _____ Amount _____

Scholarship Amount _____ Check to Treasurer _____

Mailing List Entered _____ Issued Directory _____

Codes for Directory: @=private therapy, *=CFY supervision, %=student member, #=life member