



**Annual Membership Application/Invoice**

**Thank you for your interest in MSLHA. Please mail this completed application with a check made out to MSLHA to 2030 Glenwood Avenue, Hermon ME, 04401**

- |   |   |
|---|---|
| <input type="checkbox"/> Full Member: (Ph.D., M.A., M.S., SLP or AUD):  | <b><u>Please Circle Amount Enclosed</u></b><br><b>\$50 by 10/09/10; \$60 after 10/09/10</b> |
| <input type="checkbox"/> Associate member: (SLPA, B.A., B.S., Deaf Educator, Paraprofessional):   | <b>\$40 by 10/09/10; \$48 after 10/09/10</b>  |
| <input type="checkbox"/> Student member:  | <b>\$15 by 10/09/10, \$18 after 10/09/10</b>  |
| <input type="checkbox"/> Current NSSHA Member, <b>or</b> 2009 SLP/AUD Grad:   | <b>Free</b>   |
| <input type="checkbox"/> Life Member: (Recipient of "Honors of the Association"; <b>or</b> over 65 with the past 5 yrs+ paid membership): | <b>Free</b>   |

**The following info will be used for online Members Only Directory, Consumer Resources (public-online) and MSLHA mailings.** Title:  Dr.  Mr.  Ms.  Other (please specify) \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street/P.O. Box, City, State, Zip Code

Telephone (H): \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Employer \_\_\_\_\_ Work Telephone # \_\_\_\_\_

Work Address: \_\_\_\_\_  
Street/P.O. Box, City, State, Zip Code

**If you don't want to be included on our website's Consumer Resource (public), check box below.**

I **do not** wish my contact information to be available to the public. *(It will be available to Members only.)*

Please circle all applicable work settings: School, Clinic, Hospital, University, Private Practice, SNF, Other (please specify) \_\_\_\_\_

**MAINE STATE LEGISLATIVE DISTRICT INFORMATION:** *(This information can be located at www.maine.gov)*

Senate District# \_\_\_\_\_ Senator: \_\_\_\_\_

House District# \_\_\_\_\_ Representative: \_\_\_\_\_

**Certificates/Licenses held currently:** (DOE=Department of Education; BESPAS=State License; CCC=ASHA)

DOE  BESPAS-SLP  BESPAS-AUD  CCC-SLP  CCC-AUD Other \_\_\_\_\_

**Interests:**  Continuing Education  School Practice  Legislative  Publications  
 Student mentor  Audiology  Nominating  Clinical Services  
 Membership  Other interests \_\_\_\_\_

Please use the back to tell us what professional issues you feel MSLHA needs to address.

You will automatically be invited to join *MaineLine*, the MSLHA listserv, with an option to accept or decline.  
**I have read and I support the MSLHA Code of Ethics.** *(Available at www.mslha.org)* (Please sign below)

Signature \_\_\_\_\_

Date: \_\_\_\_\_