



Annual Membership Application/Invoice

Thank you for your interest in MSLHA. Please mail this completed application with a check made out to MSLHA to 101 Bosworth Street, Old Town, ME 04468

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| <input type="checkbox"/> Full Member: (Ph.D., M.A., M.S., SLP or AUD): | <u>Please Circle Amount Enclosed</u>
\$50 by 9/30; \$60 after 9/30 |
| <input type="checkbox"/> Associate member: (SLPA, B.A., B.S., Deaf Educator, Paraprofessional): | \$40 by 9/30; \$48 after 9/30 |
| <input type="checkbox"/> Student member: | \$15 by 9/30, \$18 after 9/30 |
| <input type="checkbox"/> Current NSSHA Member, or 2009 SLP/AUD Grad: | Free |
| <input type="checkbox"/> Life Member: (Recipient of "Honors of the Association"; or over 65 with the past 5 yrs+ paid membership): | Free |

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: _____

IF YOU PROVIDED AN EMAIL ADDRESS-STOP HERE, SIGN BELOW AND MAIL WITH YOUR CHECK TO THE ADDRESS ABOVE. YOU WILL RECEIVE AN EMAIL WITH LOG-IN/PASSWORD FOR MSLHA'S WEBSITE WHERE YOU COMPLETE THE REMAINDER OF THIS FORM.

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 _____

Committee Interest: Continuing Education School Practice Legislative Publications

Student mentor Audiology Nominating Clinical Services

Membership Other interest _____ (Committee descriptions available at www.mslha.org)

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: _____

Revised 8/26/09- Please contact membership@mslha.org for additional information