



Mississippi Speech-Language-Hearing Association
PO Box 22664 Jackson, MS 39225-2664 800.664.6742

PLEASE PRINT

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ COUNTY: _____

PHONE: WORK () _____ HOME () _____

EMAIL: _____

Mississippi Department of Education License: [] speech [] audiology
Mississippi Department of Health License: [] speech [] audiology
ASHA Member: [] yes ASHA CCC: [] speech [] audiology [] SLP/A

PRIMARY Work Setting: [] school [] healthcare [] private [] university [] student

List in MSHA Member Directory: [] yes [] no (If neither box is checked, listing will be included)

NOTE: The MSHA Member Directory is online and accessible only to MSHA Members. MSHA does not sell, lease, or share member lists.

[] NEW APPLICATION (attach evidence of CCC or appropriate degree) (NO FAXES)

[] RENEWAL APPLICATION (NO FAXES)

- [] FULL Member - graduate degree in speech-language pathology, audiology, or related basic sciences
[] ASSOCIATE Member - Bachelor's degree in speech-language pathology, audiology, or related basic sciences
[] STUDENT Member - degree-seeking candidate in speech-language pathology or audiology

Student Member, enter university name: _____

DUES:

(Membership is January 1 through December 31)

FULL MEMBER \$75 \$ _____

ASSOCIATE MEMBER \$60 \$ _____

LATE FEE \$15 \$ _____ (for current year payment made Feb 1 or later)

STUDENT MEMBER \$15 \$ _____ (late fee does not apply to student members)

TOTAL: \$ _____

The amount of dues utilized to defray lobbying expenses is 5%, and is not tax deductible

In applying for membership in the Mississippi Speech-Language-Hearing Association, I agree to abide by the Bylaws of the Association (www.mshausa.org/bylaws.html).

SIGNATURE: _____

DATE: _____