



NJSHA New Member Application
For July 1, 2009 – June 30, 2010

Yes, I would like to join NJSHA! Please complete your contact information below:

Home Address: Name _____ **Work Address:** Company _____

Address _____ Address _____

City _____, State _____ Zip _____ City _____, State _____ Zip _____

Please select which should be your primary mailing address: _____ home _____ work.

County: _____ E-mail: _____

Home Phone: _____ Work Phone: _____ Fax: _____

Highest Degree: _____ Institution: _____ Area of Study: _____

ASHA Status: Regular Member Non-member ASHA #: _____ CCC-A CCC-SLP CFY-SLP

Please print how you would like your credentials listed after your name. For Example: J. Smith, EdD, CCC-SLP
Please list my credentials as: _____

Occupational Setting: School Hospital/Agency VA Facility Private Practice College/University Other _____
Prof. Affiliation: SLP Aud Teacher of Students with Disabilities Teacher of the Deaf or Hard of Hearing Other _____
NJ State License: Speech-Language Pathology Audiology Dual

Membership Type:

Regular \$130.00 _____ Student* \$55.00 _____ Student Free (First year only)** _____

Associate \$115.00 _____ *Requires letter from advisor and a minimum of 9 credits per semester.

**Graduate and undergraduate students entered in one of New Jersey's programs in speech pathology or audiology.

I have read the NJSHA Code of Ethics and pledge to abide by its prescribed professional standards. (The Code may be viewed on the website, www.NJSHA.org.) NOTICE OF CONSENT: I agree that an application to NJSHA constitutes consent to receive email, mail and/or fax communication from the association to make me aware of select products and services.

Signature X _____ Date: _____

Volunteer Opportunities:

I am interested in the following committees:

____ AAC ____ Audiology ____ Budget/Finance ____ Continuing Education ____ Convention
____ Early Intervention ____ Ethics ____ Healthcare ____ Higher Education ____ Legislative Action
____ Marni Reisberg ____ Membership ____ Multicultural ____ Nominations/Elections ____ Public Relations
____ School Affairs ____ Student Affairs ____ Voices ____ Website

Check here if you are interested in being included in NJSHA's Registry of Speakers and Consultants on Multicultural Issues and would like to request an application. NJSHA maintains a list of individuals in NJ available for workshops, lectures and consultations.

Check here if you would like to be included in the public access Resource and Referral Database.

Method of Payment: Credit Card Check # _____ Purchase Order # _____

Credit Card Number _____ Exp Date _____

Signature _____

*Note: Contributions or gifts to associations which are exempt under IRS 501(c) 6 are not tax deductible as charitable contributions. However, they may be deducted as ordinary and necessary business expenses. NJSHA estimates that 7.5% of your dues are not deductible because of NJSHA's lobbying activities on behalf of its members.

- If you are paying by credit card please fax this renewal form to (908) 450-1119
- If you are paying by check, please mail this renewal form with your check to: NJSHA, 390 Amwell Road, Suite 402, Hillsborough, NJ 08844
- If you have any questions, contact NJSHA at info@njsha.org or call (908) 359-5308



NEW JERSEY SPEECH-LANGUAGE HEARING ASSOCIATION

CATEGORIES OF MEMBERSHIP

Membership in the Association consists of four classes: Regular Members, Associate Members, Student Members, and Student Free Members.

A **Regular** member holds:

1. A Master's degree or equivalent with major emphasis in speech-language pathology, audiology, or speech and hearing science
Or:
2. A Master's degree or equivalent, and presents evidence of active research, interest, and performance in the field of human communication.

These requirements for election as a Regular member are waived in cases of those who have maintained their Regular membership status in the association, without interruption, from a date prior to January 1, 1969.

Dues: \$130.00

An **Associate** member is one who is employed in and/or presents evidence of interest in the field of communication disorder and/or sciences, but does not meet the requirements as a Regular member, Student member, or Student Free member.

Dues: \$115.00

A **Student** member is one who presents evidence of current matriculated status (nine credit hours or more per semester) in a graduate or undergraduate program in speech-language pathology, audiology, and/or speech and hearing science.

Dues: \$55.00

A **Student Free** member is one who presents evidence of current full-time matriculation (nine credit hours or more per semester) as a student entered in one of **New Jersey's graduate or undergraduate** programs in speech-language pathology or audiology. This membership category is only available for the first year of membership.

Dues: \$00.00