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 WWW.NJSHA.ORG
 INFO@NJSHA.ORG

NJSHA MEMBERSHIP APPLICATION

Name: _____

Credentials: _____

Year of Birth: _____

Address: _____

County: _____

Home Address Work Address

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Check one phone number above to be your primary number in the NJSHA Directories

Primary Email: _____

Current Employer: _____

Position/Title: _____

I would like the **VOICES** newsletter sent only via **email**.

Do **not** publish my information in the Online Member Directory.

Include my information in the Public Referral Directory.

MEMBERSHIP ELIGIBILITY & DUES

Please check membership category.

Membership Type	2020 <i>(one-year)</i>	2020-2021 <i>(two-year)</i>
Regular Member	<input type="checkbox"/> \$85	<input type="checkbox"/> \$150
Associate Member	<input type="checkbox"/> \$70	<input type="checkbox"/> \$135
Student Member	<input type="checkbox"/> \$25	<input type="checkbox"/> \$45
Recent Graduate Member	<input type="checkbox"/> \$70	<input type="checkbox"/> \$135
Life Member	<input type="checkbox"/> \$25	<input type="checkbox"/> \$45

Visit www.njsa.org for membership category descriptions.

STUDENTS

College/University _____

Classification

Undergrad Grad - 1st year Grad - 2nd Year Doctoral

Emphasis

SLP AUD

Signature of University Department/Advisor/Clinical Supervisor _____

PLEASE CHECK ALL THAT APPLY:

(Visit your member profile online for additional directory listing options.)

PRIMARY WORK SETTING:

School Hospital/Rehab Center
 VA Facility Private Practice
 Home Care College/University
 Retired Other _____

Full Time Employee
 Part Time Contractor

PRACTICE AREA:

SLP AUD SLP/AUD
 THI TCH

HIGHEST DEGREE EARNED:

Bachelors
 Masters in SLP/AUD
 Doctorate in SLP/AUD

ASHA STATUS:

CCC-A CF-SLP
 CCC-SLP/A Student
 CCC-SLP

NJ STATE LICENSE:

Speech-Language Pathology
 Audiology Dual SLP/AUD

CERTIFICATION:

NJ Speech Correctionist
 NJ Speech-Language Specialist
 Elementary School Teacher
 Teacher of the Deaf & Hard of Hearing
 Teacher of Students with Disabilities
 Supervisor

GET INVOLVED WITH NJSHA!

I am interested in the following committees:

<input type="checkbox"/> AAC	<input type="checkbox"/> Ethics	<input type="checkbox"/> Multicultural
<input type="checkbox"/> Audiology	<input type="checkbox"/> Healthcare & EI	<input type="checkbox"/> Private Practice
<input type="checkbox"/> Continuing Education	<input type="checkbox"/> Higher Education	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Convention	<input type="checkbox"/> Media	<input type="checkbox"/> School Affairs
	<input type="checkbox"/> Membership	<input type="checkbox"/> Student Involvement

METHOD OF PAYMENT

Renew Online - Visit www.njsa.org and log in to your account to pay online with a credit card.

Mail/Fax - Complete this form and mail/fax it to the NJSHA Office with your method of payment.

Check (payable to NJSHA)
 Visa MasterCard Discover American Express

X _____
 Signature

EXPIRATION DATE

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CREDIT CARD ACCOUNT NUMBER

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NJSHA membership dues are not deductible as a charitable contribution for U.S. federal income tax purposes, but may be deductible as a business expense. NJSHA estimates that 48% of your dues are not deductible because of NJSHA's lobbying activities on behalf of its members.

NJSHA FED. TAX #22-6064537

Membership Year:
 January 1 through December 31

Submission of this form confirms that 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.njsa.org.)