NEW JERSEY NJSHA
Speech-Language-Hearing Association

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❒ Do not publish my information in the Online Member Directory.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

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-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:

❒ AAC
❒ Audiology
❒ Continuing Education
❒ Convention
❒ Ethics
❒ Healthcare & EI
❒ Higher Education
❒ Media
❒ Membership
❒ Multicultural
❒ Private Practice
❒ Public Relations
❒ School Affairs
❒ Student Involvement

MEMBERSHIP ELIGIBILITY & DUES

Please check membership category.

Membership Type	2023 *(one-year)*	2023-2024 *(two-year)*
Regular Member	❒ $90	❒ $160
Associate Member	❒ $75	❒ $145
Student Member	❒ $25	❒ $45
Recent Graduate Member	❒ $75	N/A
Life Member	❒ $30	❒ $55

Student Scholarship Donation: $ _____

Total Payment: $ _____

Visit www.njsha.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

METHOD OF PAYMENT

Renew Online - Visit www.njsha.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

CREDIT CARD ACCOUNT NUMBER

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 68% 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.njsha.org.)