

# Southwestern Pennsylvania Speech-Language-Hearing Association

## SWPSHA Membership Application

### Member Information

Name \_\_\_\_\_ Credentials \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Contact Information: Work \_\_\_\_\_

Home \_\_\_\_\_

Cell \_\_\_\_\_

FAX \_\_\_\_\_

E-mail \_\_\_\_\_

Highest Degree Earned: Bachelor Master Doctoral

ASHA Member: Yes No

PSHA Member: Yes No

PA License: SLP AUD EHI

### MEMBERSHIP DUES

**Professional..... \$ 20.00**

**Student..... \$ 10.00**

**Associate..... \$ 10.00**  
(Nonprofessional)

### PAYMENT

Make check payable to "**SWPSHA**"

- Check**
- Cash (only accepted at SWPSHA events)**

### **Student Membership Information:**

Are you a member of NSSLHA? Yes No

University Name: \_\_\_\_\_

Interested in becoming a SWPSHA Executive Board Member?

Yes No

How would you prefer to be contacted for upcoming events?

Email US mail

*Suggestions for future sessions/comments*

### MAILING ADDRESS

### **SWPSHA**

Nancy Carlino, V.P. Membership  
4722 Old Boston Road  
Pittsburgh, PA 15227

**Total Payment \$** \_\_\_\_\_

FAX 724-938-1526

www.SWPSHA.org