



NEW MEXICO SPEECH-LANGUAGE-HEARING ASSOCIATION

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NMSHA FED. TAX # 85-0250698

NMSHA MEMBERSHIP APPLICATION

Membership Year: August 1 through July 31

Name: _____ Credentials: _____
Address: _____
City: _____ State: _____ Zip: _____
County: _____ Birth Year: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email: _____
Current Employer: _____
Position/Title: _____

- I do not want to receive emails from NMSHA.
- Please omit my name from sold mailing lists.
- I do not want to be included in the online NMSHA membership directory.

PLEASE CHECK ALL THAT APPLY:	AGES SERVED:
HIGHEST DEGREE EARNED:	<input type="checkbox"/> Newborn
<input type="checkbox"/> High School	<input type="checkbox"/> Preschool
<input type="checkbox"/> Bachelor	<input type="checkbox"/> School Age
<input type="checkbox"/> Master	<input type="checkbox"/> Adult
<input type="checkbox"/> Doctoral	<input type="checkbox"/> Geriatric
NEW MEXICO LICENSE:	WORK SETTING:
<input type="checkbox"/> SLP	<input type="checkbox"/> Preschool
<input type="checkbox"/> Disp. AUD	<input type="checkbox"/> School
<input type="checkbox"/> Non-Disp. AUD	<input type="checkbox"/> College/University
<input type="checkbox"/> CFY	<input type="checkbox"/> Hospital/Rehab Center
ASHA STATUS:	<input type="checkbox"/> Medical/SNF
<input type="checkbox"/> CCC-A	<input type="checkbox"/> Home Health
<input type="checkbox"/> CCC-SLP	<input type="checkbox"/> Private Physician's Office
<input type="checkbox"/> CCC-SLP/A	<input type="checkbox"/> Speech/Hearing Center
	<input type="checkbox"/> Federal or State Agency
	<input type="checkbox"/> Private Practice
	<input type="checkbox"/> Other _____

BECOME INVOLVED WITH NMSHA!
I am interested in the following areas:

<input type="checkbox"/> Publication Board	<input type="checkbox"/> Social Media
<input type="checkbox"/> Convention Planning	<input type="checkbox"/> Public Information
<input type="checkbox"/> Health Care	<input type="checkbox"/> Marketing
<input type="checkbox"/> Public Schools	<input type="checkbox"/> Advocacy
<input type="checkbox"/> Audiology	<input type="checkbox"/> Mentoring
<input type="checkbox"/> Continuing Education	

MEMBERSHIP ELIGIBILITY & DUES

- Professional Member.....\$105**
Professional Members must hold a master's or doctoral graduate degree with major emphasis in speech-language pathology, audiology, and/or speech, language, or hearing science; or a master's graduate degree and present evidence of active research, interest, and performance in the field of human communication.
- CFY Member\$48**
CFY Members is eligible to individuals during their clinical fellowship.
- Life Member.....\$27**
Life Members are Professional Members who have attained the age of 65 and held membership for at least 10 years.
- Student MemberFREE**
Student Members shall be those who are actively pursuing a degree in communication disorders.
University _____
Expected Graduation Date _____
Emphasis _____

METHOD OF PAYMENT

AMOUNT DUE: \$ _____

Renew Online - Visit www.nmsaha.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 NMSHA Office with your method of payment.

- Check (payable to NMSHA)
- Visa MasterCard Discover American Express

x _____
Signature

EXPIRATION DATE

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CREDIT CARD ACCOUNT NUMBER

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NMSHA membership dues are not deductible as a charitable contribution for US federal income tax purposes, but may be deductible as a business expense. NMSHA estimates that 50% of your dues are not deductible due to NMSHA's lobbying activities on behalf of its members.