HSHA | HAWAI'I SPEECH-LANGUAGE-HEARING ASSOCIATION

MEMBERSHIP APPLICATION

January 1, 2020 to December 31, 2020
Apply or Renew Online at www.hsha.org

Please complete the following information for the HSHA membership directory and mailing list. Please send the completed form with your **$50** membership payment to: **Membership c/o HSHA, P.O. Box 235888, Honolulu, Hawaii 96823-3516.**

HSHA directory information will not be shared with any outside organizations.

Circle one: New Membership Renewal

I. Personal Data: I WANT THIS INFORMATION IN THE DIRECTORY ☐ **YES** ☐ **NO**

Last Name: ______________________ First Name: ______________________

Address (Residence): ____

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Telephone: ________________ Email Address: ______________________

II. Professional Data: I WANT THIS INFORMATION IN THE DIRECTORY ☐ **YES** ☐**NO**

Agenc: ____

Address (Business):____

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Telephone: ________________ E-Mail Address: ______________________

TITLE: ☐ Speech-Language Pathologist ☐ Audiologist ☐ Student ☐ Other: ________________

ASHA CERTIFICATION: ☐ Speech-Language Pathologist ☐ Audiologist ☐ SLP/AUD

HAWAII STATE LICENSE: ☐ Speech-Language Pathologist ☐ Audiologist ☐ SLP/AUD

Island of Residence

☐ Oahu
☐ Hawaii Island
☐ Kauai
☐ Maui
☐ Molokai
☐ Lanai
☐ I do not reside in Hawaii

Work Settings

☐ School Based
☐ Medical Based
☐ Private Practice
☐ Early Intervention
☐ Retired
☐ Other

III. Mailouts:
Information to members is accessible through the **NEW HSHA** website. If you are unable to access the website, you may request that information be sent to you via regular mail. There is no additional cost for members who are Hawaii residents. **Do you wish to have information sent via regular mail?**

☐ Yes ☐ No

If yes, I would like HSHA information sent to the following address:
☐ Home/Residence Data ☐ Business/Professional Data

IV. Educational Data:
Highest degree earned: ☐ Bachelor's ☐ Master's ☐ Ph.D. Other: ____________________
Major: ☐ Speech-Language Pathology ☐ Audiology Other: _____________________

V. Committee Participation:
I am interested in volunteering on the following HSHA committee(s) and/or other activities:

☐ Annual Convention	☐ Operations	☐ Professional Affairs
☐ Educational Meetings	☐ Membership	☐ Legislative Committee
☐ Foundation	☐ Nominations	☐ Public School Caucus
☐ Lending Library	☐ Newsletter	☐ Special Interest Group
☐ Public Relations	☐ Website	☐ Medical Network
☐ Better Hearing/Speech Month	☐ Audiology	☐ Neighbor Island Affairs

VI. Membership Dues/Fees (check one):
☐ Professional Member ($50.00)- Possesses a master's degree or equivalent with major emphasis in speech-language pathology, audiology, or speech-hearing science OR holds a master's degree or equivalent and presents evidence of active research, interest and performance in the field of communication.

☐ Associate Member ($50.00)- Employed in an allied field or working towards a post baccalaureate degree.
☐ CFY/Student ($15.00)- Completing Clinical Fellowship Year OR pursuing degree in Speech-Language Pathology and/or Audiology. Degree granted in month/year: _______________

VII. Foundation Donation:
I am interested in making a donation to the Hawaii Speech-Language-Hearing Foundation.
The Hawaii Speech-Language-Hearing Foundation functions as a compliment to the association, by supporting projects and programs which will advance the professions knowledge base and improve the capability to provide meaningful service. It does not engage in the promotion of or to any legislative proposal or candidate for public office. Your donation to the foundation is tax deductible.

VIII. Payment:

Make check payable to:
Membership $__________ Hawai'i Speech-Language-Hearing Association (check #:_______)
Make separate check payable to:
Foundation $__________ Hawai'i Speech-Language-Hearing Foundation (check #:_______)

Signature: ____ Date: _________________________

(For HSHA Committee Use Only) Date Received: ____