

Member Contact Updates & Corrections:

Please update/correct your contact information on the Payment Form below. Remember to include any changes to your home/work phone(s), fax, and email information.

Last Name Notification: All members with hyphenated or two last names are automatically registered at CSHA with all names that appear after the first name listed below. If you wish to be identified under a different name, so indicate by underlining your preferred last name. Please make sure to be consistent and use this last name for all CSHA member inquiries and/or conference registrations.

Directory Listings:

Refer to the back of this form for information regarding the CSHA on-line directory for members only and the hard copy directory. Please indicate your listing preference(s) on the Payment Form below.

Bilingual Professionals:

In order to be listed in the CSHA Foreign Language Directory, you must agree to the definition of a bilingual professional as described in the statement included on the reverse side of this form. If you are in agreement to these terms and wish to be listed as a bilingual professional, please include your signature on the backside of this Payment Form.

PLEASE NOTE: There is a \$25 LATE FEE for DUES PAID AFTER January 31, 2008. The late fee is strictly enforced and Membership will not be reinstated after January 31st if the fee is not included with the dues payment.

PLEASE RETAIN FOR YOUR PAYMENT RECORDS

Member Dues & Contributions for 2008-2009

Please check corresponding box(es) & amount sent to CSHA for your payment record.

Dues payments may be deductible as an ordinary and necessary business expense.

- Paid \$110 Professional Dues for One Year (Through December 31, 2008)
- Paid \$35 CFY Dues for One Year (Through December 31, 2008)
- Paid \$200 Professional Dues for Two Years \$20 Discount off regular membership fees! Two year membership runs through December 31, 2009.
- Paid \$45 Paraprofessional Dues (Through December 31, 2008)
- Paid \$35 Student Dues (Through December 31, 2008)

CSHA Political Action Committee (PAC):

Contributions to PAC are not deductible as charitable contributions for Federal Income Tax purposes.

- Paid \$25 Paid \$50 Paid \$75 Paid Other \$ _____

Student Scholarship Fund

Donation for students' registration fee for the CSHA State Convention.

- Paid \$25 Paid \$50 Paid \$75 Paid Other \$ _____
- Paid \$ _____ for # _____ Member Directory(ies) Directories are \$25 each.

PAYMENT RECORDS

Dues and Contributions Paid By:

- Mastercard or Visa Amount Charged: \$ _____
- Check # _____ Amount Paid: \$ _____
- Money Order Reference# _____ Amount Paid: \$ _____

TOTAL AMOUNT PAID: \$ _____

*Keep for your records

Renew Your Member Dues Now!
 Members Enjoy a Reduced Registration Fee at the
 2008 CSHA Annual State Convention!
 April 10-13, 2008 at the The Monterey Marriot & The Portola Plaza Hotel!
 Check your mailbox mid-January for the Convention Program Book!
 Visit CSHA online & get the latest details for
 •The 2008 CSHA Annual Convention • Upcoming CE Opportunities•
 •The Latest Legislative News• Pay Your Dues Online! •



Come visit us at:
www.CSHA.org

*Cut here and return to CSHA with payment

*Please disregard this notice if payment has been submitted.

Member Contact Updates Corrections & Last Name Notifications:

Please refer to the corresponding statement at the top of this form for further definitions and instructions regarding member contact information.

Directory Listings:

Please refer to the reverse side of this form for information regarding Directory Listings & the corresponding definitions of each preference. Please check all listing preferences that apply in the appropriate boxes below.

- Do NOT list my contact information in either directory.
- Please list me in both directories with the following contact information:
 - Address Home Phone Work Phone
 - FAX Email All Contact Information

Bilingual Professionals:

PLEASE REFER TO THE BACK OF THE PAYMENT FORM.

PLEASE NOTE: THERE IS A \$25 LATE FEE FOR DUES PAID AFTER JANUARY 31, 2008. THE LATE FEE IS STRICTLY ENFORCED AND MEMBERSHIP WILL NOT BE REINSTITATED AFTER JANUARY 31ST IF THE FEE IS NOT INCLUDED WITH THE DUES PAYMENT.

Member Dues 2008-2009

Dues payments may be deductible as an ordinary and necessary business expense.

Please check corresponding box(es).

- Professional Dues for One Year (Through December 31, 2008) \$110
- CFY Dues for One Year Graduation Date: _____ \$35 (Through December 31, 2008)
- Professional Dues for Two Years \$20 Discount off regular membership fees! \$200
Two year membership runs through December 31, 2009
- Paraprofessional Dues (Through December 31, 2008) \$45
- Student Dues Graduation Date: _____ \$35
Student membership runs through December 31, 2008
- CSHA Political Action Committee (PAC):
- Contributions to PAC are not deductible as charitable contributions for Federal Income Tax purposes.
- \$25 \$50 \$75 Other \$ _____ \$ _____
- Student Scholarship Fund
- Donation for graduate students' registration fee for the CSHA State Convention
- \$25 \$50 \$75 Other \$ _____ \$ _____
- Member Directory # _____ of Directory(ies) @ \$25 each \$ _____

TOTAL AMOUNT DUE: \$ _____

Please make Checks & Money Orders Payable to CSHA

- Check # _____ Amount Paid: \$ _____
- Money Order Reference# _____ Amount Paid: \$ _____

Credit Card Payments may be FAXED to: (916) 921-0127

- Mastercard Visa Exp. Date: _____ Charge Amount: \$ _____

Acct.#: _____

Signature: (Required for credit card payment) _____

MEMBER DIRECTORY LISTING INFORMATION

You will be listed according to your chosen preferences on the Payment Form for both the Online Directory *and* the Printed Directory. You are unable to choose different listings for the directories. Please make sure to choose your preferences on the Payment Form located on the reverse side of this statement. You may choose *not* be listed in the Online Directory or Printed Directory. Only your *name* will be listed. This will allow you to have access to the Online Directory.

Please note the following definitions of your choices:**• Do not list me in either directory.**

Your contact information will not be included in the Online Directory or Printed Directory. Only your *name* will be listed. This will allow you to have access to the online directory. You will *not* be able to make changes to your contact information online.

• Please include all contact information in both directories.

All contact information will be included in both directories. This includes address, home phone, work phone, fax, & email. You will have full online access to update your contact information.

• Please list the following contact information.

You have the choice to omit any of the following contact information from both directories: address, home phone, work phone, fax, and email. You will not be able to update any information you have chosen to omit.

PLEASE NOTE THE FOLLOWING:

CSHA does sell label orders & contact lists based on the materials the consumer will be using them for. Workshop information is sent to everybody regardless of their listing preferences. Any other materials are sent only to those who have chosen to list their address in the directories. However, those materials must first be approved by CSHA. **Only CSHA approved materials will be mailed to CSHA member listings.**

If the preferences on the Payment Form have been left blank, you will be listed according to your previous choice(s) from your member application. Additionally, we cannot guarantee your contact information will or will not be listed online or printed. Please make sure to include your contact updates & listing preference(s) when submitting your dues payment.

BILINGUAL PROFESSIONALS

INDIVIDUALS WHO WISH TO BE LISTED AS BILINGUAL PROFESSIONALS MUST SIGN THE BILINGUAL AGREEMENT LOCATED BELOW THAT INDICATES YOU HAVE READ AND CONCUR WITH THE FOLLOWING DEFINITION OF A BILINGUAL PROFESSIONAL:

To be listed as a bilingual speech-language pathologist or audiologist you must be able to speak English as your primary language and speak (or sign) at least one non-English language with native or near native proficiency in lexicon (vocabulary), semantics (meaning), phonology (pronunciation), morphology/syntax (grammar), and pragmatics (uses) during clinical management. Additionally, the following abilities are necessary in order to provide appropriate bilingual assessment and remediation services in the client's language:

- 1) Ability to describe the process of normal speech and language acquisition to both bilingual and monolingual individuals and how those processes are manifested in oral (or manually coded) and written language;
- 2) Ability to administer and interpret formal and informal assessment procedures to distinguish between communication differences and communication disorders in oral or (manually coded) and written language;
- 3) Ability to apply intervention strategies for treatment of communication disorders in the client's language, and
- 4) Ability to recognize cultural factors which affect the delivery of speech-language pathology and audiology services to the client's language community.

BILINGUAL AGREEMENT

By listing my name in the CSHA Foreign Language Directory, I agree to the definitions of a Bilingual Professional as described above.

Bilingual Signature of Agreement: _____

Please check applicable languages.

- | | | | |
|----|--------------------|----|---------------------|
| A. | Spanish | H. | Sign Language - ASL |
| B. | Chinese, Mandarin | I. | German |
| C. | Chinese, Cantonese | J. | SEE Sign |
| D. | Tagalog | K. | Yiddish |
| E. | French | L. | Italian |
| F. | Korean | M. | Hebrew |
| G. | Vietnamese | N. | Other, specify: |
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