

2019-2020 Membership Renewal

CSHA Member ID # _____

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ State _____ Zip _____

Home () _____ Work () _____

Fax () _____ E-mail: _____

NOTE: Please know that many school districts block group e-mail notices. If you think your work setting blocks group e-mail notices, please provide us with an alternate e-mail address.

Membership Account — Now Online!

Go to: www.csha.org and click "Sign In" to access your online account. Renew membership dues, change your personal information, view transcripts, print CE certificates and ID cards, upload photo to profile, and view past magazine issues.

Members enjoy a reduced registration fee at the CSHA Annual Convention!

March 19-22, 2020 | Anaheim, CA
March 11-14, 2021 | San Francisco, CA

SAVE TIME, RENEW ONLINE!
www.csha.org

MEMBER DUES 2020

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

- | | |
|--|-------|
| <input type="checkbox"/> Professional Dues | \$160 |
| <input type="checkbox"/> Paraprofessional Dues | \$85 |
| <input type="checkbox"/> Associate Dues | \$85 |
| <input type="checkbox"/> Student Dues | \$50 |
| <input type="checkbox"/> Life Dues | *\$60 |

* Only current Life members

<http://www.csha.org/Member-Center/Membership>

CSHA Political Action Committee (PAC):

Contributions to PAC are NOT deductible as charitable contributions for Federal Income Tax Purposes.

\$25 \$50 \$75 Other \$ _____ \$ _____

CSHA Foundation Donation:

Donation for Graduate Students pursuing their SLP Degrees

\$25 \$50 \$75 Other \$ _____ \$ _____

TOTAL AMOUNT DUE: \$ _____

Please make checks & money orders payable to CSHA

Check # _____ MO # _____ Amount Paid: \$ _____

Credit Card Type _____ Amount: \$ _____

Credit Card # _____ CVV# _____ Exp. Date: _____

Credit Card Billing Address _____

Signature (Required): _____

CSHA dues are not tax deductible as a charitable contribution for federal income tax purposes; however, they may be tax deductible as ordinary and necessary business expenses. Please check with your tax advisor. CSHA estimates that 5 percent of your membership dues are allocable to lobbying activities of CSHA and therefore are not deductible for income tax purposes. CSHA dues are non-refundable.

BILINGUAL PROFESSIONALS

New members who wish to be listed as bilingual professionals must sign the bilingual agreement located below that indicates that they have read and concur with 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 (language use) 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 signature of agreement:

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

X _____

Please check applicable languages:

- | | | |
|---|---|--|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Hmong | <input type="checkbox"/> Sign Language (ASL) |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Italian | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Chinese, Cantonese | <input type="checkbox"/> Khmer, Cambodian | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Chinese, Mandarin | <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Farsi, Persian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Yiddish |
| <input type="checkbox"/> French | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> German | <input type="checkbox"/> Russian | |
| <input type="checkbox"/> Hebrew | <input type="checkbox"/> SEE Sign | |