

Membership Application

Date _____

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!

SAVE TIME, APPLY ONLINE!
www.csha.org

MEMBERSHIP REQUIREMENTS

Professional members shall be persons who hold a graduate degree with major emphasis in speech-language pathology, audiology, or speech-language and hearing science as described in the standing rules; or a graduate degree and present evidence of active research, interest and performance in the field of human communication.

Associate members shall be persons qualified in a related profession who are members in good standing of said profession and who

subscribe to the purpose of this association. **Student members** shall

be persons actively pursuing college or university training in speech

and language pathology, audiology, or speech and hearing sciences

and who do not qualify for professional membership. **Paraprofessional**

members shall be persons who have met the academic and supervised

training requirements set forth by the Speech-Language Pathology

and Audiology and Hearing Aid Dispensers Board (SLPAHADB) and

have been registered by the board as speech-language pathology

assistants. Professional members shall have all privileges of the

association. Associate, student and paraprofessional (SLPAs) members

have all privileges of the association except voting and holding office.

Life Members shall be persons who have attained the age of sixty-five

(65) and have been Professional Members for the previous twenty (20)

consecutive years.

Duties and Responsibilities of Members:

Members Shall:

- 1) Agree to abide by the CSHA Code of Ethics;
- 2) Participate in continuing education;
- 3) Be responsible for communicating unique concerns and interests to the board of directors;
- 4) Speak as a representative of the association only when serving in an official capacity with approval of the CSHA president and/or board of directors.

DIRECTORY LISTING INFORMATION

CSHA's Membership Directory is available on the CSHA website and only accessible to CSHA members. Security measures include a firewall with a member login ID.

MEMBERSHIP PAYMENT

<input type="checkbox"/> Professional Dues	\$160
<input type="checkbox"/> Paraprofessional Dues	\$85
<input type="checkbox"/> Associate Dues	\$85
<input type="checkbox"/> Student Dues	\$50

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): _____

Return application and payment to:

CSHA Headquarters

825 University Avenue

Sacramento, CA 95825

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.

MEMBERSHIP INFORMATION

Membership Type

☐ Professional ☐ Associate ☐ Paraprofessional (SLPA) ☐ Student If Student, Graduation Date: _____

Gender

☐ Male ☐ Female

Age Category

☐ 18-29 ☐ 30-39 ☐ 40-49 ☐ 50-65 ☐ 65+

Professional Title at Place of Primary Employment

☐ Department Chair
☐ Professor
☐ Assoc. Prof.
☐ Assist. Prof.
☐ Instructor
☐ Director of _____
☐ Audiologist

☐ Teacher, Hearing Impaired
☐ Speech Language Pathologist
☐ Speech & Hearing Consultant
☐ Resource Specialist
☐ Speech Language Pathologist and Audiologist
☐ Teacher, Severe Oral Language Delay
☐ Supervisor, Special Education Services

☐ Program Specialist
☐ Retired
☐ Supervisor, DIS
☐ LH Teacher
☐ General Education Teacher
☐ Not Presently Employed
☐ Other _____

Place of Employment

Employer: _____ Years in Profession: _____

Primary Employment: (more than 50% time)

☐ Schools, Non-Public
☐ Private Practice
☐ Academic, College/University
☐ Clinic, Medically Based
☐ Community Agency or Clinic
☐ Medical Center
☐ Clinic, College/University Based
☐ Schools, Public
 (Avg. caseload = #dup: _____ #undup: _____)

Secondary Employment: (less than 50% time)

☐ Schools, Non-Public
☐ Private Practice
☐ Academic, College/University
☐ Clinic, Medically Based
☐ Community Agency or Clinic
☐ Medical Center
☐ Clinic, College/University Based
☐ Schools, Public

Please check the following options which apply:

1. Speciality:
☐ Speech-Language Pathology
☐ Audiology
☐ Both
 2. Work with Children, Ages: (if applicable)
☐ 0-3 Years
☐ 3-5 Years
☐ 5-17 Years

Foreign Language Registry

Please register only if you are willing to provide clinical services in the language checked.

☐ Arabic
☐ Armenian
☐ Chinese, Cantonese
☐ Chinese, Mandarin
☐ Farsi, Persian
☐ French
☐ German
☐ Hebrew
☐ Hmong
☐ Italian
☐ Khmer, Cambodian
☐ Korean
☐ Laotian
☐ Portuguese
☐ Russian
☐ SEE Sign

☐ Sign Language (ASL)
☐ Spanish
☐ Tagalog
☐ Vietnamese
☐ Yiddish
☐ Other (please specify): _____

Certification and Licensure

Check ONLY if completed:

☐ CCC Audiology
☐ CCC Speech Pathology
☐ Language, Speech & Hearing Specialist Credential
☐ Educational Audiologist Credential
☐ Administrative Services Credential

☐ Audiologist
☐ License in Speech-Language Pathology
☐ Bilingual Cross-Cultural, Language & Academic Certification
☐ Specialty Certification:
☐ Hearing Aid Dispenser's License

Check ONLY if in progress:

☐ CF in Audiology
☐ RPE in Audiology
☐ CF in Speech Pathology
☐ RPE in Speech Pathology
☐ SLPA

California License

Speech-Language Pathologist #: _____ Expiration Date: _____ Audiology #: _____ Expiration Date: _____
 Speech-Language Pathologist Assistant #: _____ Expiration Date: _____

Highest Academic Degree Held:

☐ B.A. ☐ B.S. ☐ M.A. ☐ M.S. ☐ M.Ed. ☐ Ph.D. ☐ Ed.D. ☐ AA (SLPAs) ☐ Other _____

Areas of Interest for Selective Mailings

☐ Audiology, Education and Habilitation of Hearing Impaired
☐ Education & Habilitation of Children with Severe Language Disorders
☐ Private Practice
☐ Professional Preparation (includes master supervisors of CFs & RPEs)
☐ Speech, Language and Hearing Services in Medical Rehabilitation Centers and Community Agencies
☐ Language, Speech and Hearing Services in the Schools
☐ Community Colleges

Membership in Other Organizations:

Check all that apply:

☐ ASHA ☐ CEC ☐ ACSA ☐ CTA ☐ CRA ☐ CAA ☐ AAA ☐ NSSHLA ☐ Other _____