

New Mexico Speech-Language-Hearing Association
P.O. Box 25411
Albuquerque, New Mexico 87125
Phone: 505-899-NMSHA (6674) or Fax: 505-856-8313
nmsaha505@gmail.com

MEMBERSHIP APPLICATION FORM

Dues apply from June 1, 2017-May 31, 2018

******Weekly drawings for prizes with those applications received before 6/30/2016!!******

Name: _____ Degree: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (____) _____
 Email address: _____

Employer's Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

MEMBERSHIP TYPE *(please circle one)*

- Regular** (Includes BA-level) **\$100.00**
- CFY** **\$45.00**
- Student** (Pursuing degree in Speech & Hearing) **\$25.00**
- Life** (age 65 and a member of NMSHA for 10 year, or retired) **\$25.00**
(Life member: suggested dues)
- If postmarked after 7/31/2017** **\$115.00**

Donations: **\$10.00** **\$25.00** **\$50.00** Other: _____

Make checks payable to NMSHA or pay online at PayPal.

Check #: _____ OR check here for PayPal: _____

Total amount paid: _____

Note: In 2017, **44%** of the membership dues are deductible

If you choose to pay via PayPal, you will receive an email invoice for the amount due. Click "Pay Now" and you will be directed to the PayPal website. You may use your existing account, create a new account, or login as a guest. PayPal accepts Visa, MasterCard, Discover, and American Express.

FIELD *(please circle)*

Audiology _____ Speech-Language Pathology _____
 Dual _____ Other: _____
 Full time student at: _____ Grad date: _____

STATE LICENSURE *(please circle)*

Non-Dispensing Audiologist _____ Speech Pathology CFY _____
 Dispensing Audiologist _____ Speech-Language Pathology _____

MEMBERSHIPS: _____ ASHA _____ AAA _____
 ASHA CERTIFICATION: _____ CCC-SLP _____ CCC-A _____ CCC-SLP/A _____

NMSHA INTEREST AREAS *(please circle areas of interest)*

Publications Board _____ Health Care _____ Audiology _____
 Social Media _____ Marketing _____ Mentoring _____
 Convention Planning _____ Public Schools _____ Cont. Educ. _____
 Public Information _____ Advocacy/Legislature _____

SPECIALTY AREAS

(Please circle areas that you feel qualified to be listed as a specialist in the NMSHA directory)

Hearing Aid Dispensing _____ Pediatric Audiology _____
 Aug/Alt Communication (AAC) _____ Adult Dysphagia _____
 Laryngectomy Rehab. _____ Supervision _____
 Early Intervention/Birth-3 _____ Head Injury _____
 Aural (Re) habilitation _____ Vestibular Testing _____
 Pediatric Dysphagia _____ Dysfluency _____
 Other Adult Neurogenic Sp/Lang _____ Voice Disorder _____
 Bilingual Assessment/Intervention _____ School Age Sp/Lang _____

Would you like to be added to the NMSHA listserv? _____

Are you multi-lingual? Are you fluent in sign language? Please list ability/languages: _____