



# Wisconsin Speech-Language Pathology and Audiology Association

563 Carter Court  
Suite B  
Kimberly, WI 54136

## WSHA 2019-2020 MEMBERSHIP APPLICATION

Phone: 920-560-5642  
Fax: 920-882-3655  
www.wisha.org  
wsha@badgerbay.co

**Membership Year: July 1, 2019 - June 30, 2020**  
(DUES ARE NOT PRORATED)

**RENEW ONLINE TODAY!** You may renew your membership on the WSHA website in just a few simple steps. You will be approved as soon as payment is processed.

1. Visit us online at: [www.wisha.org](http://www.wisha.org)
2. Log into your online profile
3. Navigate to Manage Profile Select **"Memberships"**
4. Click **"Securely renew your membership"** and an invoice will automatically be generated and emailed to you.

You may also fill out the form and mail back with your payment.  
*\*Mailing labels and online directory information are prepared based on information supplied.*

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
County of Residence: \_\_\_\_\_  
Email: \_\_\_\_\_  
  
Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Check here if you want your mailing information omitted from labels sold for non-WSHA related activities.

**DEGREE:**  MA  MS  MST  PhD  AuD  Other  
**LICENSE/S:**  DSPS-AuD  DSPS-SLP  DPI-AuD  DPI-SLP  
**ASHA CERTIFICATIONS:**  CCC-A  CCC-SLP  CF-SLP  
  
**WORK SETTINGS:**  Business/Non-Clinical  Center/Clinic  Hospital  
 Long-Term Care  Outpatient Office  School  
 Private Practice  Research Facilities  University  
 Other: \_\_\_\_\_  
  
**AGES SERVED:**  All  Birth-3  Early Childhood (3-5)  Elementary School (6-11)  Middle/High School (12-18)  Adults  Geriatrics

**WSHA welcomes volunteers. Please check your area of interest:**  
 Executive Board  Audiology  Birth-to-3  Newsletter  Convention  
 Governmental Affairs  Health Care  Awards  Membership  
 School Services  SLP and Au.D. Students

35% of WSHA dues for 2019-2020 cannot be deducted as a business expense for federal income tax purposes due to our lobbying activities. (This is not a PAC)

**Thank you for your support of WSHA!**

The WSHA Student Sponsorship Program enables professional SLPs and Audiologists to provide full or partial sponsorship for WSHA members to current graduate students in speech-language pathology and audiology. The fee for sponsoring a student is \$25 per year.

### MEMBERSHIP ELIGIBILITY & DUES

- Regular Member.....\$125**  
Persons with a graduate degree in speech-language pathology, audiology, speech language or hearing science, or education of the hearing impaired; or a graduate degree and evidence of research; interest and performance in human communication.
- Associate Member.....\$125**  
Persons with an undergraduate degree, or a graduate degree in related professional disciplines, or with an interest in speech, hearing or language who do not qualify as Regular Members.
- Recent Graduate.....\$75**  
Persons who have completed a graduate program within the past year.
- Retired/Life Member.....\$25**  
Persons who meet the requirements of Regular Members, but in addition have retired from Regular practice or have achieved an emeritus status.
- Student Member.....\$25**  
Persons currently enrolled full-time in a college or university majoring in communicative disorders, speech language pathology, audiology or related disciplines.

### RETURN BY MAIL OR FAX TO (920) 882-3655

**Membership Dues** \$ \_\_\_\_\_  
**Student Member Sponsorship \$25 (optional)**  
**Affiliate Member Discount** \$ \_\_\_\_\_  
(Subtract \$25 from your Regular membership if your organization is an Affiliate Member of WSHA)  
**Total Payment** \$ \_\_\_\_\_  
**WSHA Foundation** \$ \_\_\_\_\_  
(Please include a separate check made payable to WSHA Foundation)

### METHOD OF PAYMENT

VISA  MasterCard  Discover  AmEx  
Card Number: \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
Card Holder Address: \_\_\_\_\_  
Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV Code: \_\_\_\_\_

Please make checks payable to: WSHA, 563 Carter Ct, Suite B, Kimberly, WI 54136