

## **New York State Speech-Language-Hearing Association**

1971 Western Avenue, #1167, Albany, NY 12203
Website: www.nysslha.org • Email: info@nysslha.org • Phone: 800-697-7542

## **NYSSLHA MEMBERSHIP APPLICATION**

## **Member Information**

Membership dues are not deductible as a charitable contribution for US federal income tax purposes, but may be deductible as a business expense. NYSSLHA estimates that 59% of your dues are not deductible because of NYSSLHA's lobbying activities on behalf of its members.

Name:		Credentia	ls:	Membership Dues		
Address:				Please check membership category.  Dues include an automatic \$5 contrib and an automatic \$5 contribution to		
City:	Stat	e: Zip:		Membership Type	2023 (1 year)	2023-2024
Work #:	Cell	#:		Professional	□ \$110	□ \$190
				Associate	□ \$95	□ \$160
		il:		New Graduate (Does not include PAC or Student Scholarship)	□ \$60	□ \$110
☐ Check here if you want your information omitted from labels sold for CEU offerings and profession-related opportunities.				Student (Does not include PAC or Student Scholarship)	□ \$40	□ \$75
☐ Include my information in the Public Referral Directory.				Life	□ \$60	□ \$90
Residing County:				<ul> <li>No PAC Contribution (Deduct \$5 from the above annual dues.)</li> <li>No Student Scholarship Contribution (Deduct \$5 from the above annual dues.)</li> <li>Faculty signature for student membership:</li> </ul>		
Employer:					·	
Highest Degree Earned:	ould be interested in provid	er 🚨 Doctoral		The NYSSLHA PAC (Political Action Commi contributions and donates the monies on members to pro-NYSSLHA candidates for legislators and the governor. The PAC prov financial resources to represent and lobby individuals with communication disabilities.	behalf of the state office su ides NYSSLHA for the profe s to the key d	associations' ach as state A with the ssions and ecision maken
Disclaimer: Mentor/mentee relationships will be unique to each pair and may be developed and modified as mutually agreed upon by the individuals participating.  Memberships and Certifications				Become a NYSSLHA Hero Donation: PAC Donation: Student Scholarship Donation: Total Amount of Payment: NYSSLHA Referral Program Referred by:	\$ \$ \$	
	SLP O AUD SLP O AUD	O Dual O Dual	O None	Payment Options		
☐ NYS Certification: ○	ABA CITSHH CONTSLD H/A Dispenser CONTSLD	O TSSLD	O TDHI	Renew Online - Visit www.nysslha.c		in to your
Work Setting  School Preschool University/College Hospital/Rehab Fed. or State Agency Private Practice Long-Term Care ENT/Medical Practice	How You Heard of NYSSLHA  Promotion Website Continuing Ed. Word of Mouth Referral by Friend Advocacy	Ages Served  All Ages Newbook School Age Add  Want to Get In Serving on a committed show your support! Convention Public Schools Membership/Pro	nvolved?  tee is a great way to  Newsletter Scholarships	Mail/Fax - Complete this form and NYSSLHA Office with your method of Check (payable to NYSSLHA)  Visa MasterCard Discove  X YOUR SIGNATURE  CREDIT CARD ACCOUNT NUMBER  EXPIRATION DATE	of payment.	