

Southwestern Pennsylvania Speech-Language-Hearing Association
SWPSHA Membership Application

MEMBERSHIP INFORMATION

Name _____ Credentials _____

Address _____

Employer _____

Position _____

Contact Information: Work _____

Home _____

Cell _____

FAX _____

E-mail _____

Highest Degree Earned: Bachelor Master Doctoral

ASHA Member: Yes No

PSHA Member: Yes No

PA License: SLP AUD EHI

MEMBERSHIP DUES

Professional..... \$ 20.00

Student..... \$ 10.00

Associate..... \$ 10.00
(Nonprofessional)

PAYMENT

Make check payable to

"SWPSHA"

STUDENT MEMBERSHIP INFORMATION:

Are you a member of NSSLHA? Yes No

University Name: _____

MAILING ADDRESS

SWPSHA

Mary Hlawati, V.P.

Membership

115 Evans Drive

McMurray, PA 15317

Total Payment

\$ _____

FAX 412-881-8275

www.SWPSHA.org

Interested in becoming a SWPSHA Executive Board Member?

Yes No

How would you prefer to be contacted for upcoming events?

Email US mail

Suggestions for future sessions/comments