

Southwestern Pennsylvania Speech-Language-Hearing Association

SWPSHA Membership Application

Member 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"

__ Check (payable to SWPSHA)

__ Cash

Student Membership Information:

Are you a member of NSSLHA? Yes No

University Name: _____

Interested in becoming a SWPSHA Executive Board Member?

Yes No

Suggestions for future sessions/comments

MAILING ADDRESS

SWPSHA

Melissa Santoro, V.P. Membership

100 Chestnut Court

Canonsburg, PA 15317

Total Payment \$ _____

FAX 412-881-8275

www.SWPSHA.org