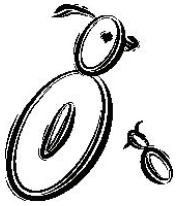

ARIZONA SPEECH-LANGUAGE-HEARING ASSOCIATION

700 MCKNIGHT PARK DRIVE, SUITE 708
PITTSBURGH, PA 15237
PHONE: 855-727-2836
FAX: 412-366-8804
WWW.ARSHA.ORG
ARSHA@ARSHA.ORG
ArSHA FED. TAX #86-0264309

ArSHA MEMBERSHIP APPLICATION

Membership Year: October 1, 2024 through September 30, 2025

Name: _____ Credentials: _____

Address: _____

City: _____ State: _____Zip: _____

County: _____ Birth Year: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email:_____

Current Employer:_____

Position/Title: _____

❒ Include my information in the "Find an ArSHA Member" online directory.
❒ Please include my email on the ArSHA listserv for Association communications.

PLEASE CHECK ALL THAT APPLY:

HIGHEST DEGREE EARNED:
❒ Associates ❒ Masters in SLP/AUD
❒ Bachelors ❒ Doctorate in SLP/AUD

ARIZONA LICENSE:
❒ AUD ❒ SLP ❒ Dual SLP/AUD
❒ DA ❒ SLPA ❒ Temporary
❒ Limited

ASHA STATUS:
❒ CCC-A ❒ CCC-SLP ❒ None
❒ CCC-SLP/A ❒ CFY-SLP
❒ CFY-AUD ❒ NSSLHA

OTHER PROFESSIONAL ORGANIZATIONS:
❒ AAA
❒ CEC

AGES SERVED:
❒ Birth - 3 ❒ Early Childhood (3-5)
❒ School Age ❒ Adult
❒ Geriatric

WORK SETTING:
❒ School-Based ❒ Home-Based
❒ Medical/SNF ❒ Student
❒ College/University ❒ Retired
❒ Private Practice

GET INVOLVED WITH ArSHA!
I am interested in the following committees:

❒ Ethical Practices
❒ Membership
❒ Audiology
❒ Annual Convention
❒ Community Relations
❒ Professional Development
❒ Communications
❒ Government Affairs
❒ Cultural & Linguistic Diversity
❒ Early Childhood
❒ School SLP
❒ Medical SLP
❒ Honors
❒ Speech-Language Pathology Assistant
❒ Committee on Committees

AREA OF SPECIALTY:

Audiology
❒ Evoked Potential Testing
❒ Central Auditory Processing Evaluation
❒ Infant Hearing Screens
❒ Occupational Audiology/Hearing Conversation
❒ Sound Survey
❒ Otoacoustic
❒ Assisted Listening Devices
❒ Cochlear Implants
❒ Hearing Aid/Product Dispensing
❒ Balance Assessment Treatment
❒ Sign Language
❒ Other

Speech-Language Pathology
❒ Total Communication
❒ Augmentative Communication
❒ Cognitive Disorder
❒ Orofacial Myofunctional Disorders
❒ Feeding and Swallowing Disorders
❒ Aphasia
❒ Apraxia
❒ Traumatic Brain Injury
❒ Aural Rehabilitation
❒ Accent Reduction
❒ Autism
❒ Early Childhood Intervention
❒ Voice
❒ Stuttering
❒ Articulation
❒ Oral Motor
❒ Multiple Disabilities
❒ Bilingual
❒ Other

MEMBERSHIP ELIGIBILITY & DUES

❑ **Active Member.....$100**
Active members shall possess, as minimal requirements, a Masters Degree or equivalent with a major emphasis in Speech Pathology, Audiology, Speech and Hearing Science or research of human communication. Active Members have voting privileges.

❑ **Associate Member $75**
(Audiology Assistant, SLPA, SLT)
Associate membership is awarded to those persons who hold a degree in a field related to human communication, but who are ineligible for Active Membership, Student Membership or Life Membership. Associate Members include individuals who are working in a support position offering audiology or speech-language pathology services. Associate Members cannot vote.

❑ **Student Member.....$15**
Student membership shall be granted to those persons who are enrolled as Full-time and part-time undergraduate and graduate students in an accredited college or university degree program and who are recognized by that institution as majors in Speech-Language Pathology, Communication Disorders, Audiology or Speech and Hearing Science. Full-time doctoral students in an accredited college or university degree program and who are recognized by that institution as a student in Speech-Language Pathology, Communication Disorders, Audiology or Speech and Hearing Science. Student members cannot vote.

University_____

METHOD OF PAYMENT

AMOUNT DUE:

DUES: $_____
LEGISLATIVE FUND CONTRIBUTION: $_____
GENERAL FUND CONTRIBUTION: $_____
TOTAL AMOUNT DUE: $_____

Renew Online - Visit www.arsha.org and log in to your account to pay online with a credit card.

Mail/Fax - Complete this form and mail/fax it to the ArSHA Office with your method of payment.

❒ Check (payable to ArSHA)
❒ Visa ❒ MasterCard ❒ Discover ❒ American Express

x_____
Signature

EXPIRATION DATE

CREDIT CARD ACCOUNT NUMBER

Submission of this form confirms that I have read the ArSHA Code of Ethics and pledge to abide by its prescribed professional standards. (The Code may be viewed on the website, www.arsha.org.)

ArSHA membership dues are not deductible as a charitable contribution for U.S. federal income tax purposes, but may be deductible as a business expense. ArSHA estimates that 68% of your dues are not deductible due to ArSHA's lobbying activities on behalf of its members.