



Ohio Speech-Language-Hearing Association

P.O. Box 309, Germantown, Ohio 45327
Phone & Fax: 1.800.866.6742 or 937.855.4337
OSLHAoffice@ohioslha.org www.ohioslha.org

MEMBERSHIP

JULY 1, 2011 - JUNE 30, 2012

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

LAST NAME FIRST NAME MIDDLE INITIAL

HOME ADDRESS:

City State Zip

EMPLOYER NAME AND ADDRESS:

Employer: _____

City State Zip

HOME PHONE: (____) _____ WORK PHONE: (____) _____

FAX #: (____) _____

E-MAIL: _____

IMPORTANT: Email required to provide Newsletters, Journal, Convention Information, Important Legislation, Ballots, etc. – Internal Use ONLY

SEND OSLHA MAILINGS TO: _____ HOME _____ WORK

FIELD:

____ Speech/Language Pathology _____ Audiology _____ SLP/Aud

PROFESSIONAL PRACTICE AREA:

Choose ONE Professional Practice Area. Indicate the area which best fits your professional practice.

- | | |
|------------------------|---|
| ___01 Audiology | ___05 Developmental Disabilities (<i>formally I&DD</i>) |
| ___02 Schools | ___06 Non-Profit Agencies |
| ___03 Health Care | ___07 University and Student Affairs |
| ___04 Private Practice | ___08 Supervision |

POSITION:

- ___01 Speech/Language Pathologist
- ___02 Speech/Language Pathology Supervisor
- ___03 Administrator-Speech & Hearing Program
- ___04 Audiology Supervisor
- ___05 Audiologist
- ___06 Full-time Student Bachelor's Program (School _____ Graduation Mo/Yr _____)
- ___07 Full-time Student Master's Program (School _____ Graduation Mo/Yr _____)
- ___08 Consumer
- ___09 Unemployed
- ___10 Other _____

WORKSETTING:

- ___01 Schools (public, private, pre-school, SERRC, I&DD, Head Start, etc.)
- ___02 Community Center / Clinic / Hearing & Speech Center
- ___03 Hospital / Outpatient Center
- ___04 Rehabilitation Center
- ___05 ICFMR / Developmental Disabilities Facility
- ___06 Medical Office / ENT Office
- ___07 Early Intervention
- ___08 Workshop
- ___09 University
- ___10 Private Practice
- ___11 Home Health Agency
- ___12 Long Term Care Facility
- ___13 Multidisciplinary Center
- ___14 Government Agency
- ___15 Industry (hearing aid manufacturers., industrial testing, publishers, etc.)
- ___16 Other _____

CERTIFICATION:

- 01 CCC Speech Pathology
- 02 CCC Audiology
- 03 Ohio Educational License
- 04 Ohio Licensure, Speech Pathology
- 05 Ohio Licensure, Audiology
- 06 Licensure in another state: _____

HIGHEST DEGREE:

Please Circle Degree

- 01 Doctorate, Speech Pathology or Audiology **Ph.D., Au.D., Ed.D.**
- 02 Doctorate, Other **Ph.D., Ed.D.**
- 03 Master's, Speech Pathology or Audiology **M.A., M.S., M.Ed.**
- 04 Master's, Other **M.A., M.S., M.Ed.**
- 05 Bachelor's, Speech Pathology or Audiology **B.A., B.S.**
- 06 Bachelor's, Other **B.A., B.S.**
- 07 Other _____

OF YEARS IN THE PROFESSION: _____

MEMBER OF:

- ASHA ASHA# _____
- AAA AAA# _____

I will access Communication Matters Newsletter online, DO NOT mail.

I **DO NOT** want to be included in OSLHA's MEMBERSHIP DIRECTORY which will include names, addresses, phone numbers, etc. of OSLHA members, accessible online to OSLHA members only.

I **DO NOT** want my name included on a MAILING LIST to receive speech and hearing related material.

CONVENTION TOPIC NEEDS: _____

I AM INTERESTED IN BECOMING ACTIVELY INVOLVED IN OSLHA as a Legislative Councilor, Committee Chair, or Committee Member. Please contact me. Go to: www.ohioslha.org; About; Governing Structure; Leg. Council, for an overview of OSLHA positions.

I'm interested in volunteering in the following area(s):

Mail form with payment to:
OSLHA, PO Box 309, Germantown, OH. 45327
 or Fax to 800.866.6742 *with credit card information*

You may also join online: www.ohioslha.org. Click "Join Now" on the homepage.

MEMBERSHIP CLASSIFICATION: Choose ONE (Expires June 30, 2012)

- **ASSOCIATE Membership:**
 - 05 Consumer - \$21.00 \$ _____
 - 06 Student - \$20.00 _____
 - 07 PEY/CF (Clinical Fellowship Year) - \$20.00 _____
 - 08 Allied Professional - \$45.00 (PT, OT, etc.) Specify: _____
- **FULL Membership:** Must meet ONE requirement below:
 - Masters, SLP and/or Audiology or equivalent title in major field of study, OR
 - Active License as Speech Language Pathologist and/or Audiologist in Ohio, OR
 - Membership in the American Speech Language Hearing Association, OR
 - Grandfathered by OSLHA January 1, 1984
 - 09/10 New Full Member - \$60.00 _____
 - 11/12 Renewal Full Member - \$70.00 _____
- **HONORARY Membership:**
 - 15 Honorary Member - No Fee (as awarded by OSLHA LC) _____
- **LIFE Membership:**
 - 16 Life Member - No Fee (as awarded by OSLHA LC) _____

LIABILITY INSURANCE: Choose ONE (Members Only) (Expires June 30, 2012)

- \$1,000,000 each claim / \$3,000,000 fiscal year aggregate
 Note: Allied Professionals and Consumers not eligible for coverage
- 01 Employee - \$45.00 _____
 - 02 Part-time Private Practice - \$45.00 _____
 - 03 Employee & Part-time Private Practice - \$57.00 _____
 - 04 Student - \$45.00 _____

MEMBERSHIP CERTIFICATE - \$8.00 (Suitable for framing) _____

STUDENT MEMBERSHIP SPONSORSHIP - \$20.00 _____
Sponsor a full time student to participate in OSLHA membership

SCHOLARSHIP FUND DONATION _____
In Memory or Honor of (*Circle: MEM. or HON.*) _____
If you would like a note sent to the person you are "honoring", or the family of the person you are making donation in "memory" of, please provide name & address.

DEDUCT \$5.00 if dues are paid by June 30, 2011 AND you _____
are participating in Membership Category 09/10 or 11/12 above.

TOTAL AMOUNT ENCLOSED: \$ _____

METHOD OF PAYMENT:

Check/M.O. (*Payable to OSLHA*) VISA MASTERCARD DISCOVER

Bank Card # _____ Expiration Date: _____

Signature _____ Date: _____

Dues payments to OSLHA, a 501(c)6 organization, are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code subject to restrictions imposed as a result of lobbying activities. In those situations where dues may be deductible, OSLHA estimates the nondeductible portion of your 2011-2012 dues is 33%. The nondeductible amount (33%) is calculated by dividing total OSLHA lobbying expenditures by total dues income (excluding all other income). Returned check payments may be subject to a returned check fee of \$15.00.