


RHODE ISLAND SPEECH AND HEARING ASSOCIATION

Membership Renewal/ New Membership

<p>Last Name, First Name: _____</p> <p>Street Address: _____</p> <p>City or Town: _____</p> <p>State/ Zip Code: _____</p> <p>Home Phone/ Work Phone: _____</p> <p>Email: _____</p> <p>Employer: _____</p> <p>Employer Address : _____</p> <p>Education : _____</p> <p>Title: _____</p> <p>Area of Interest: _____</p> <p>Dept. of Heath Cert? Yes or No</p> <p>Dept. of Ed Cert? Yes or No</p> <p>CCC/CFY/AUD (please circle one)</p> <p>ASHA Member? Yes or No</p>	 <p>Please fill out and/or edit information if needed, and return the entire form with payment. Make checks payable to RISHA and mail to:</p> <p>RISHA P.O. Box 8317 Cranston, RI 02920</p>
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Type of Member:

_____ \$110 Two Years Active Member: Voting Member (Master's degree/equivalent in SLP or AUD)

_____ \$60 One Year Active Member: Voting Member (Master's degree/equivalent in SLP or AUD)

_____ \$45 One Year Associate Member: Non-Voting Member (Bachelor's Degree in SLP or AUD, or individual with a professional interest)

_____ \$10 One Year Student Member: Non-Voting Member (Actively pursuing College/University training in SLP or AUD)

_____ Donation to Patricia M. Stephens Scholarship Fund: Please send a separate check made out to RISHA with "Scholarship Fund" on memo line.

Office use only: Date rec'd _____ Check # _____ Dues _____ Scholarship _____ Membership card sent _____