

For National Office Use

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APPLICATION FOR MEMBERSHIP/CERTIFICATION

Read all instructions (pp. 7-9) before completing this application.

File No. _____

(1) Personal Information

Ms. Name _____
 Miss _____
 Mrs. Mailing Address _____
 Mr. _____
 Dr. _____
first middle maiden last
city province postal code
 Social Security or Home Phone Number (____) _____
 Social Insurance Number Work Telephone Number (____) _____

(2) Application Category

I am applying for
 Membership and Certification
 Certification (without membership)

I am applying for certification in
 Speech-Language Pathology Audiology

I am a former member of ASHA
 Yes No

I am a former ASHA certification holder
 Yes No

I am a former applicant for ASHA membership and/or certification
 Yes No

(3) Professional Information

Are you currently employed? Yes No If yes, what is your present position? _____
 Employer's Name _____
 Employer's Address _____
 Phone _____
 Describe Duties _____

(4) Education

Please indicate below your entry-level **graduate** degrees earned (master's and/or doctorate), the conferring institution, your major, the degree abbreviation, and the year the degree was awarded.

Institution Name	Major	Degree	Date Degree Awarded

(5) Verification of CASLPA Affiliation

I affirm that I am a CASLPA certified member in good standing, and have enclosed an official letter from the CASLPA National Office verifying my status.

Yes No

Affidavit

I have read and agree to abide by the Code of Ethics of the American Speech-Language-Hearing Association.

I further agree that, once certified, my certification status can be released to the public.

Signature _____ Date _____