



ASHA's Special Interest Groups offer an exciting and valuable opportunity to advance your special interests within the professions of speech-language pathology and audiology!

Check the special interest group(s) you wish to join:

- | | |
|--|--|
| <input type="checkbox"/> 1. Language Learning and Education | <input type="checkbox"/> 11. Administration and Supervision |
| <input type="checkbox"/> 2. Neurophysiology and Neurogenic Speech and Language Disorders | <input type="checkbox"/> 12. Augmentative and Alternative Communication (AAC) |
| <input type="checkbox"/> 3. Voice and Voice Disorders | <input type="checkbox"/> 13. Swallowing and Swallowing Disorders (Dysphagia) |
| <input type="checkbox"/> 4. Fluency and Fluency Disorders | <input type="checkbox"/> 14. Communication Disorders and Sciences in Culturally and Linguistically Diverse Populations |
| <input type="checkbox"/> 5. Speech Science and Orofacial Disorders | <input type="checkbox"/> 15. Gerontology |
| <input type="checkbox"/> 6. Hearing and Hearing Disorders: Research and Diagnostics | <input type="checkbox"/> 16. School-Based Issues |
| <input type="checkbox"/> 7. Aural Rehabilitation and Its Instrumentation | <input type="checkbox"/> 17. Global Issues in Communication Sciences and Related Disorders |
| <input type="checkbox"/> 8. Public Health Issues Related to Hearing and Balance | <input type="checkbox"/> 18. Telepractice |
| <input type="checkbox"/> 9. Hearing and Hearing Disorders in Childhood | |
| <input type="checkbox"/> 10. Issues in Higher Education | |

NOTE: Membership is on a calendar year basis. Those joining after August 1 will be affiliates for the succeeding calendar year, but will be eligible for discounts at select Convention-related events for both years.

Name _____ ASHA Membership No. _____
 Institution/Facility _____
 Preferred Mailing Address _____
 City _____ State ____ Zip _____
 Phone: Daytime (____) _____ Evening (____) _____
 Fax No. (____) _____ E-mail Address _____

Fees

Affiliate ____ \$35 ASHA Member, ASHA International Affiliate, ASHA Associate
 Student ____ \$10 Student (national member of the National Student Speech Language Hearing Association; ASHA Member who is a full-time doctoral candidate)

Total: \$ ____ Multiply the fee by the number of SIGs you wish to join.

Mail form and payment to:
 American Speech-Language-Hearing Association
 Special Interest Groups, #320
 P.O. Box 1160
 Rockville, MD 20849

Payment [] Check (Make check payable to ASHA.)
 [] Credit Card Master/Visa/Discover (circle one)

Account No. _____ Expiration Date _____

Signature _____