ASHA Graduate Student Membership Discount Request Form

***You must be a current ASHA member to be eligible for program**

Do not include this form with your dues payment.

Information About You:

Please verify the information we have on file for you and make any necessary changes in the space provided to the right.

Account Information on File for ASHA Acct #:	**Corrections/Changes**
Name:	
Address type:	☐ **Home** ☐ **Work**
Preferred Mailing Address:	
Daytime Phone:	
Email*:	

Note about email: ASHA does not sell, loan or otherwise release our members' emails outside of the association. This email address will be used by ASHA only.

Information About Your Future Graduate Degree:

I am attending:_____
(institution name/campus)

Degree designator :_____
Examples: PhD, AuD, EdD, ScD, DDS, etc.

Degree area:_____

Anticipated Completion Date: _____/_____ Are you a full time student? ☐ Yes ☐ No
Month Year

Confirmation of Eligibility:

Please have this form signed and validated below by the Office of the Registrar; you may return the form in the envelope included or mail it to: ASHA, Attn: Graduate Discount, 2200 Research Blvd, #210, Rockville MD 20850. Do not include it with your dues payment.

I certify that the above named individual is current enrolled as a full-time or part-time student in a graduate or professional program as defined by our institution (named above).

Registrar Seal or Stamp

_____
Office of the Registrar (Signature)

_____
Print name and title