

# HISPANIC CAUCUS

A Related Professional Organization of American Speech-Language-Hearing Association

## 2008 Membership Application

Mr.  Mrs.  Ms.  Dr.  Type Membership: Professional  15.00 Student 5.00

NAME: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Professional Title: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Preferred Mailing Address (Circle one): Home  Work

### PRIMARY AND SECONDARY EMPLOYMENT SETTINGS:

1. Schools  University  Hospital  Rehab/Agency  Private Practice   
2. Schools  University  Hospital  Rehab/Agency  Private Practice   
Telephone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
Email: \_\_\_\_\_  
Highest Degree \_\_\_\_\_ University \_\_\_\_\_ Year Degree Conferred \_\_\_\_\_

### PROFESSIONAL AFFILIATIONS:

ASHA: Member: Yes  NO  CCC-SLP  CCC-A   
CFY-SLP  CFY-A  Assoc.  Student   
State SLHA: \_\_\_\_\_ (State) Other Affiliations: \_\_\_\_\_  
Public School Licensure: Yes  No  State(s) \_\_\_\_\_  
State Licensure: Yes  No  State(s) \_\_\_\_\_  
Other Certifications(s): Bilingual  State(s) \_\_\_\_\_ Other: \_\_\_\_\_ State(s): \_\_\_\_\_  
Are you primarily a: Clinician  Researcher  Instructor  Administrator

Do you wish to be listed in the directory to provide clinical/research assistance to colleagues/students who work with Hispanics with communicative disorders? Yes  No

If yes, please list your area(s) of expertise to include your clinical and research interests.

OPTIONAL INFORMATION: Are you of Hispanic heritage?: Yes  No

If yes: Country of Origin: \_\_\_\_\_  
Are you bilingual? Yes  No  Language(s) other than English: \_\_\_\_\_

Please return to: Yvonne Calderón Arias, 260-16 80th Avenue, Floral Park, NY 11004