



# PAYMENT INSTRUCTIONS

**THIRD PARTY PAYMENT:** We are pleased to accept payment from any source on behalf of our members/affiliates. However, **we do not accept purchase orders** to bill third parties, nor does ASHA bill third parties directly. Members/affiliates may provide their dues notices to third parties for payment on their behalf if the parties agree.

ALL DUES TOTAL:

It is the responsibility of ASHA members/affiliates to do the following:

1. Ensure that their dues/fees, when paid by a third party, are received in time to avoid late fees,
2. Make certain that the check is made payable to ASHA in U.S. funds, and
3. Make certain that their dues notice is provided to the payer and the payer provides their account information to the below email/address

## SEND BY EMAIL:

accounting@asha.org

## MAIL ORDERS:

send paymentsto:

## DISCLAIMER

Due to PCI compliance, we will not accept credit card information by email. If you are paying by credit card, you have two options:

1. Email accounting with a contact name and phone number and we will contact you for payment, or
2. You can mail the form to the address listed under "Mail Orders."

ASHA  
c/o Truist Bank  
P.O. Box 79952  
Baltimore, MD  
21279-0952

DUES TYPE	FEES
CERTIFIED MEMBER	\$250
CERTIFIED NON-MEMBER	\$221
LIFE MEMBER	\$71
MEMBER WITHOUT CERTIFICATION	\$90
GRADUATE STUDENT CERTIFIED MEMBER	\$150
INTERNATIONAL AFFILIATE	\$75
CERTIFIED ASSISTANT	\$125
NSSLHA MEMBERSHIP	\$60

OPTIONAL PAYMENTS	FEES
CE REGISTRY (MEMBER)	\$28
CE REGISTRY (NON-MEMBER)	\$38
SPECIAL INTEREST GROUP	\$45/each
SPECIAL INTEREST GROUP (NSSLHA&GRAD)	\$10/each

## PAYMENT OPTIONS

(choose one)

### Send by Email - Pay by Phone

With this option, group contact must fill out form and send it to accounting@asha.org. Once form is received, our Finance department will call to receive credit card information. Group Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Mail Orders Payment

With this option, group contact must fill out form and send it to accounting@asha.org. Then, mail payment information to the mailing address listed above. We do not accept credit card information by email.

Check

Credit Card: VISA MASTERCARD DISCOVER AMEX

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_