

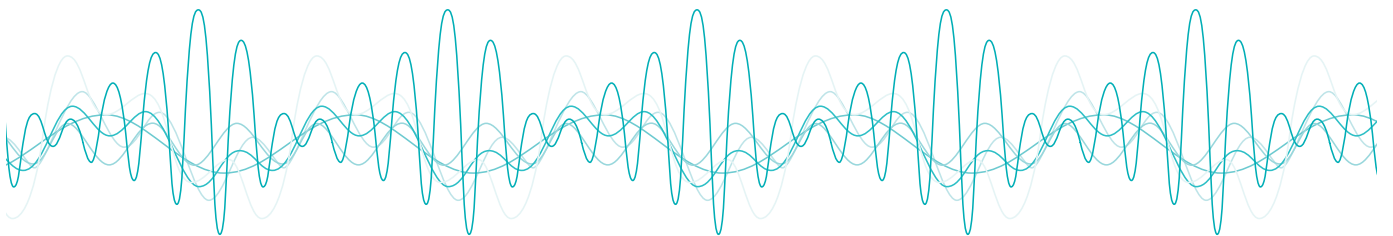


ASHA
American
Speech-Language-Hearing
Association

American Speech-Language-Hearing Association

APPLICATION FOR MEMBERSHIP WITHOUT CERTIFICATION

- About the American Speech-Language-Hearing Association (ASHA)
- ASHA Membership Benefits
- Application for Membership Without Certification



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ASHA
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ABOUT THE AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

American Speech-Language-Hearing Association

The American Speech-Language-Hearing Association is the professional, scientific, and credentialing association for more than 198,000 members and affiliates who are audiologists, speech-language pathologists, and speech, language, and hearing scientists, as well as support personnel and student members in the United States and internationally.

ASHA's Vision

Making effective communication, a human right, accessible and achievable for all.

ASHA's Mission

- Empowering and supporting audiologists, speech-language pathologists, and speech, language, and hearing scientists by:
- Advocating on behalf of persons with communication and related disorders
- Advancing communication science
- Promoting effective human communication

Membership

ASHA is recognized nationally as an organization that maintains high standards of ethical conduct and professionalism, monitors and participates in the development and implementation of health care reform proposals and programs at the federal and state levels, and offers its members benefits and services that cannot be obtained elsewhere. Members of the Association must abide by **ASHA's Code of Ethics**.

Membership Categories

Membership without certification, as stated in **ASHA Bylaws, 3.1. Eligibility**, is open to individuals who are not involved in providing clinical services¹ or in supervising students and/or clinical fellows and who hold either (1) a graduate degree with major emphasis in audiology, speech-language pathology, or speech, language, or hearing science or (2) a graduate degree and present evidence of active research, interest, and performance in the field of human communication. Members without Certification must reside in the United States and are afforded the full **benefits of membership**.

¹ The term clinical services is defined as evaluation and treatment of persons with speech-language and/or hearing impairments, whether such services are provided in elementary or secondary schools, in private practice, or in free-standing community clinics, rehabilitation centers, hospitals, nursing homes, or other facilities.

BENEFITS OF MEMBERSHIP

The ASHA Leader and Journals

Stay Connected – All members receive *The ASHA Leader* and unlimited access to all four of ASHA's online journals—the *American Journal of Audiology: A Journal of Clinical Practice*; *American Journal of Speech-Language Pathology: A Journal of Clinical Practice*; *Journal of Speech, Language and Hearing Research*; or *Language, Speech, and Hearing Services in Schools*.

Technical Assistance

Get Help – The ASHA Technical Assistance Team provides one-on-one, members-only consultation (as appropriate) via phone, e-mail, and the web. ASHA Technical Assistance covers all audiology and speech-language pathology areas, including policy, practices, health care, schools, industry, and private practice.

Continuing Education

Professional Development: Stay Current – ASHA offers convenient self-study products, educational programs, and over 1,400 opportunities to obtain continuing education units at the national convention. Deep discounts on continuing education products and services are an exclusive member benefit, and the CE Registry keeps track of your courses and hours for you.

Product and Service Discounts

Save on Resources – ASHA has hundreds of products tailored to the unique needs of members and certificate holders. Members earn discounts from 20% to 50% off regular prices for publications, reference texts, consumer assistance materials, and more.

www.asha.org

Access Anytime – ASHA's award-winning website is the largest online resource for audiologists and speech-language pathologists. As an ASHA member, you have password-protected access to members-only content, including:

- Member communities
- Journals
- Research
- Legislative Updates

Convention Discounts

Network – The ASHA Convention brings together thousands of members, educators, and exhibitors annually. Members are offered discounts on all convention services, including registration, short courses, institutes, products, and seminars. In addition to the Convention, ASHA sponsors conferences for **audiology, health care, and schools** professionals.

Member Affinity Benefits

INSURANCE

- **Mercer Consumer**—Life, Long Term Care, Pet, Disability, Dental, and Professional Liability Insurance. Call 866-795-9340.
- **GEICO**—Car Insurance, save as much as 8% off GEICO's already low prices. Visit geico.com or call 800-368-2734 for a free quote.

ASHA MEMBER DEALS

Exclusive savings from thousands of national and local brands you know and love, all in one convenient location! And, access is free! You can access ASHA Member Deals anywhere, anytime, on any device. It's the fast and easy way to save time and money on travel, child care, home and auto, groceries, and much more!

HEALTH AND WELLNESS

Life Line Screening offers exclusive discounts on preventive health screenings for members and their families. Members, family members and friends may call 866-579-5074 to schedule a screening, or they can visit **Life Line Screening** to search for screenings in their area and schedule an appointment.

More Opportunities

Get specific: Special Interest Groups

ASHA Special Interest Groups enable you to focus on any of 19 specific issues or specialties and to network with a smaller group of your colleagues focused on the same priorities as you.

Get local: State Associations

ASHA's state associations give you a terrific opportunity to get plugged into what is going on in your state.

We're Listening

This quick reference highlights only a portion of the many benefits of ASHA membership. Please visit www.asha.org for more details. If you have questions, please contact the Action Center at 800-498-2071 or via e-mail at memberbenefits@asha.org.

Application for Membership without Certification (MEMBER ONLY)

Please submit with your completed application, an official graduate transcript verifying your degree.

I. Member Profile:

(1) PERSONAL INFORMATION:

Dr. Mr. Miss Mrs. Ms.

Name _____

(First) (Middle)

(Maiden) (Last)

Address _____

(City) (State) (Zip Code)

Email Address _____

Phone Number _____

(Cell) (Home)

My present affiliation with ASHA is

Certificate Holder I am a former ASHA member/Account # _____
 Certified Member Yes No
 NSSLHA Member/Account # I am a former ASHA certification holder/Account # _____
 None Yes No
 I am a former applicant for ASHA membership and/or certification
 Yes No

(2) PROFESSIONAL PROFILE:

Are you currently employed? Yes No

Position/Title _____

Employer's Name _____

Employer's Address _____

(City) (State) (Zip Code)

Email _____ Phone _____

Describe Duties _____

(3) EDUCATIONAL PROFILE:

Institution	Education Began		Education Completed		Major	Date Degree Awarded	Degree
	MO.	YR.	MO.	YR.			

(4) DEMOGRAPHIC PROFILE:

Which of the following best describes your ethnicity? (please check one):

Hispanic or Latino Not Hispanic or Latino

Which of the following best describes your ethnicity? (please check one):

American Indian or Alaska Native Black or African American White
 Asian Native Hawaiian or Other Pacific Islander

II. Application for ASHA Membership:

Applicant's Full Name _____
(Print or Type)

Membership without Certification, as stated in ASHA Bylaws, 3.1. Eligibility, is open to individuals who are not involved in providing clinical services¹ or in supervising students and/or clinical fellows and who hold either (1) a graduate degree with major emphasis in audiology, speech-language pathology, or speech, language, or hearing science or (2) a graduate degree and present evidence of active research, interest, and performance in the field of human communication. Members without Certification must reside in the United States and are afforded the full benefits of membership.

- A. I affirm that all of the information provided on this application is true and accurate and fully responsive to the questions asked.
- B. I have read and agree to abide by the Code of Ethics of the American Speech-Language-Hearing Association (ASHA).
- C. I agree to abide by all terms required to maintain my membership with ASHA.

You are required to submit, with your application, an official graduate transcript verifying your degree. Please indicate:

- I have enclosed my graduate transcript.
- I have requested my graduate transcript from my University.

Affidavit Signature

Date

If you wish to obtain certification, please contact the Action Center (800-498-2071), or visit www.asha.org.

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American Speech-Language-Hearing Association

P.O. Box 1160 #455

Rockville, MD 20849-3289

CHARGE INFORMATION FORM

PLEASE NOTE:

- ASHA accepts MasterCard, VISA, or Discover charge cards.
- ASHA's International Affiliate and Membership without Certification programs are based on a calendar year. Applications received between September 1 and December 31 will be processed for the current year but will include membership through the following year.
- Please submit payment in full, U.S. funds only, with your application.
- The maintenance of your membership is dependent upon payment of your annual dues and fees.
- If you have questions about your affiliation/membership, please contact the ASHA Action Center at 800-498-2071.

CATEGORY OF APPLICATION	AMOUNT
International Affiliate. Open to individuals who reside abroad and who are not exclusively citizens of the United States. Dual citizens may also become International Affiliates as long as they reside outside of the United States.	\$90
Membership without Certification, as stated in ASHA Bylaws, 3.1. Eligibility, is open to individuals who are not involved in providing clinical services ¹ or in supervising students and/or clinical fellows and who hold either (1) a graduate degree with major emphasis in audiology, speech-language pathology, or speech, language, or hearing science or (2) a graduate degree and present evidence of active research, interest, and performance in the field of human communication. Members without Certification must reside in the United States and are afforded the full benefits of membership.	\$114

***All Dues/Fees Payments Are Nonrefundable.**

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YES, I WANT TO JOIN A SIG.

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

- 1. Language Learning and Education
- 2. Neurogenic Communication Disorders
- 3. Voice and Voice Disorders
- 4. Fluency and Fluency Disorders
- 5. Craniofacial and Velopharyngeal Disorders
- 6. Hearing and Hearing Disorders: Research and Diagnostics
- 7. Aural Rehabilitation and Its Instrumentation
- 8. Audiology and Public Health
- 9. Hearing and Hearing Disorders in Childhood
- 10. Issues in Higher Education
- 11. Administration and Supervision
- 12. Augmentative and Alternative Communication
- 13. Swallowing and Swallowing Disorders (Dysphagia)
- 14. Cultural and Linguistic Diversity
- 15. Gerontology
- 16. School-Based Issues
- 17. Global Issues in Communication Sciences and Related Disorders
- 18. Telepractice
- 19. Speech Science

To learn more about each SIG, please refer to www.asha.org/SIG

NOTE: Membership is on a calendar year basis. Those joining after August 31 will be affiliates for the succeeding calendar year, but will be eligible for discounts at select Convention-related events for both years.

FEES:

Affiliate \$45 × _____ ASHA Member, ASHA International Affiliate, ASHA Associate

Multiply the fee by the number of SIGs you wish to join.

Total: \$ _____

PAYMENT FORM

Name of Applicant _____

Address _____

City, State, Country, Postal Code _____

Telephone (please indicate cell/work/home) _____

Email _____

I wish to pay by: MasterCard VISA Discover

_____ Account Number

_____ Expiration Date

_____ Name of Cardholder (as it appears on card)

Annual Dues: \$114

I would like to join a Special Interest Group(s) (optional) _____ x \$45 each = \$ _____ (list on previous page)

Amount of Payment \$ _____ (Please indicate amount you are authorizing to be charged.)

_____ Signature of Cardholder

_____ Date