

## APPLICATION FOR INTERNATIONAL AFFILIATE STATUS

### INSTRUCTIONS

- Please complete all information on this application. Each question must be answered.
- Payment to apply to become an International Affiliate can be paid using two options:
  - (1) Bank-to-bank wire transfer – Review instructions/Complete Payment Information Form
  - (2) Credit card payment – Complete Payment Information Form
- Please remit \$90 in U.S. currency, which includes your annual dues (\$75, U.S. currency) and your one-time application fee (\$15, U.S. currency) with your application. Your affiliation is based on a calendar year.
- Please indicate the degree or credential required to practice in the country in which you reside or for professionals residing in countries without either a specified credential or the requirement of a degree to practice in audiology or speech-language pathology, documentation must be provided indicating that she/he has worked as a professional practitioner in one of these professions for a minimum of 3 years, accompanied by a letter of support from the minister of health or person of authority in the country verifying the person's functioning in this capacity.
- International affiliation is open only to persons who do not reside in and who are not exclusively citizens of the United States. Dual citizens may also become International Affiliates as long as they reside outside the United States. If you are a citizen of the United States exclusively, or if you are planning to move to the United States in the near future, you may wish to apply for regular ASHA Membership.
- If you have questions concerning International Affiliation with the Association, please address them to: Membership, American Speech-Language-Hearing Association, 2200 Research Boulevard, Rockville, MD 20850 U.S.A., or call the toll-free Action Center line 800-498-2071 or email [joinasha@asha.org](mailto:joinasha@asha.org)

### AFFILIATE PROFILE:

**1. Name** Dr. \_\_\_\_\_  
Mr. \_\_\_\_\_  
Miss (First) \_\_\_\_\_ (Middle)  
Mrs. \_\_\_\_\_  
Ms. \_\_\_\_\_  
(Maiden) \_\_\_\_\_ (Last)

**2. Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
(City) (Country) (Postal Code)

**3. Email Address:** \_\_\_\_\_

**4. I am a citizen of:** \_\_\_\_\_  
(Country)

**5. EMPLOYMENT PROFILE:**

Employer's Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Email \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

**6. EDUCATIONAL PROFILE:**

Please enter the recognized  degree **or**  credential in your country or residence.

University/Institution \_\_\_\_\_

Major  Audiology  Speech-language pathology  Other: \_\_\_\_\_

Date of Degree (mm/dd/yy) \_\_\_\_\_

Degree Earned  BA  BHS  BS  MA  MS  AuD  PhD

Other (please indicate): \_\_\_\_\_

7. Please check the box below if your country does not have a recognized degree or credential and attach a letter of support from the minister of health verifying your professional work.

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**8. DEMOGRAPHIC PROFILE:**

**Race/Ethnicity** (optional)\*

*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 race? Choose all that apply.*

American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander

Asian  White

Black or African American

\*One of ASHA's goals is to have its membership represent the multicultural diversity of our society. Your completing this section helps us to accomplish this goal.

I certify that I do not reside in nor am I a citizen exclusively of the United States. Further, I certify that I hold the appropriate degree or credential necessary for International Affiliation with the American Speech-Language-Hearing Association. And further, I agree not to use my affiliation with the American Speech-Language-Hearing Association in the promotion of commercial products.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## BENEFITS OF AFFILIATION

ASHA provides International Affiliates a wealth of benefits that can help you advance your career, keep in touch with other professionals who share your interests, save money on products and services, and keep abreast of the latest developments in your field.

Visit [www.asha.org/ia](http://www.asha.org/ia) for more information.

### The ASHA Leader and Journals

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**Stay Connected** – All members and affiliates 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*.

### [www.asha.org](http://www.asha.org)

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

- Member Communities
- Research
- Journals
- Legislative Updates
- Networking opportunities with other audiologists and speech-language pathologists
- And much more!

### Continuing Education

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**Professional Development** – ASHA provides a variety of continuing professional education opportunities including convenient self-study products, workshops and conferences, and more than 1,400 opportunities to earn CEUs at ASHA's annual Convention. As an ASHA International Affiliate you will also enjoy discounts on CE products and services at ASHA's online store.

### Convention Discounts

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**Network** – The annual ASHA Convention brings together thousands of members, affiliates, educators, and exhibitors annually. Members and affiliates are offered discounts on all convention services, including registration, short courses, institutes, and products.

### Special Interest Groups

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**Grow and Learn** – ASHA's Special Interest Groups (SIGs) are a great benefit, an outstanding professional resource, and only available to ASHA and NSSLHA members, Associates, and International Affiliates. For only \$45/SIG, receive access to all of SIGs' online periodicals *Perspectives*, network on your SIG's exclusive online discussion forum, earn professional development inexpensively through self-study of your *Perspectives*, and receive discounts on other ASHA-sponsored continuing education events. With 19 SIGs, there's bound to be at least one for you. Examples include Global Issues in Communication Sciences and Related Disorders (SIG 17), Language Learning and Education (SIG 1), and Audiology and Public Health (SIG 8). For more information, visit the ASHA website at [www.asha.org/SIG/join/](http://www.asha.org/SIG/join/)

### Product and Service Discounts

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

## 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](http://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 INFORMATION

### American Speech-Language-Hearing Association

P.O. Box 1160 #455

Rockville, MD 20849-3289

- 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 for assistance at 800-498-2071.

**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. Please send \$90 U.S. currency, which includes your annual dues (\$75, U.S. currency) and your one-time application fee (\$15, U.S. currency). Your affiliation is based on a calendar year.

### INSTRUCTIONS TO COMPLETE BANK TO BANK WIRE TRANSFER

- Contact [joinasha@asha.org](mailto:joinasha@asha.org) to receive wire transfer information.
- Once you have received the information, please complete the payment information form included with the application.
- Please submit payment in full, in U.S. funds only through your bank.
- Please include any fees that your bank charges to process the wire payment.
- Please include payment for Special Interest Groups (Optional). See attached SIG form to indicate which SIGs you are joining.
- Include your full name on the wire transfer initiated by your bank.
- Please send your international affiliate application via mail, email, or fax at the same time that you submit your wire transfer to ensure the application is available once the payment has been processed.

**\*All dues/fees payments are nonrefundable.**

**PAYMENT OPTION #1: BANK TRANSFER**

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

City, State, Country, Postal Code \_\_\_\_\_

Email \_\_\_\_\_

Suntrust Bank Transfer for Annual Dues	Special Interest Group(s) (optional)	Bank Transfer Fees	Amount of Payment
\$90 (U.S. Currency)	_____ x \$45 = _____	\$ _____	\$ _____

This certifies that I, \_\_\_\_\_, submitted a wire bank transfer on \_\_\_\_\_ (date).

**PAYMENT OPTION #2: CHARGE INFORMATION**

**NOTE:** To avoid a delay in payment processing, please check with your bank to ensure that your card can be used in the U.S.

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

City, State, Country, Postal Code \_\_\_\_\_

Telephone (please indicate cell/work/home) \_\_\_\_\_

Email \_\_\_\_\_

**I wish to pay by:**  MasterCard  VISA  Discover (For your security: **DO NOT** fax or email credit card information.)

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name of Cardholder (as it appears on card)

Annual Dues: \$90

I would like to join a Special Interest Group(s) (optional) \_\_\_\_\_ x \$45 each = \$ \_\_\_\_\_

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

Signature of Cardholder \_\_\_\_\_ Date \_\_\_\_\_