Speech and Hearing Association of Alabama
P.O. Box 357 ● Normal, AL 35762
Phone: (256) 372-4035 ● Fax: (256) 372-4055
www.AlabamaSHAA.org

MEMBERSHIP APPLICATION

Referred by: _____ Today's Date: _____

Please PRINT/TYPE the following information for data entry:

Name: _____
First Middle Last

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Fax: (_____) _____ Email: _____

Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Where would you prefer to receive your mail: ☐ Home Address ☐ Employer Address

If student, list University or College attending: _____

Geographic Location _____ **Congressional District** _____
(County in which you reside): (District in which you reside)
Map at www.AlabamaSHAA.org should help with congressional district, or call your local city hall.

Degree: ☐ B.S. ☐ B.A. ☐ M.S. ☐ M.A. ☐ M.C.S. ☐ M.C.D.
☐ Ed.S. ☐ Ed.D. ☐ Ph.D. ☐ SLP.D. ☐ Au.D.

ASHA Status (Check One): ☐ CF-A ☐ CF-SLP ☐ CCC-SLP ☐ CCC-A ☐ CCC-SLP/A

Licensed by ABESPA: ☐ Yes ☐ No

Member of AAA: ☐ Yes ☐ No

Member of Alabama Education Association: ☐ Yes ☐ No

Membership Type (Check One:

☐ Active (Master's Degree or higher)	$ 55.00
☐ Associate (Bachelor's Degree)	$ 45.00
☐ Student (Currently Enrolled)	$ 15.00
☐ Life Member (Retired)	Fee waived
☐ Corporate Contributor	$ 150.00

Return this form and check made payable to:

SHAA
Membership Department
P.O. Box 357
Normal, AL 35762

For office use only
Rec'd _____
Ck #: _____
Amt: _____