

**Speech-Language-Hearing Association of Western New York
(SHAWNY)
2007 Membership Form**

Name: Mr. Mrs. Ms. Miss Dr. _____
Street Address: _____ City _____ Zip code _____
Telephone (Home) _____ Business _____ E-mail _____
Can we send the newsletter via e-mail? Yes / No
Primary employment setting: _School _Hospital _Agency _University/Lab _Private Practice
Employer _____
Professional Title _____
Highest Degree _____ Institution _____

Please check all that apply:

Member of: ASHA ___ CCC/SLP ___ CCC-A ___ NYSSLHA _____ Other _____

NYS Licensure: Speech Pathology ___ Audiology _____

NYS Certification: Teacher of the Speech & Hearing Handicapped (TSHH) ___ Other ___

Please list any speakers or topics that you would be interested in for future workshops:

I approve of any/all of this information to be included in the next SHAWNY directory. _____
Include me on the private practice list. (Which may be given out to individuals requesting a speech or hearing professional in a certain area or that works with a certain population.)
Private practice members should include the following information:
Area(s) served _____
Population/ages served _____
Evaluation/Therapy type(s) _____

For Students Only

Anticipated Graduation Date _____ College/University _____
___ Undergraduate ___ Graduate ___ Audiology ___ Speech-Language Pathology

I hereby affirm that I am a full time student (minimum) 12 hours and authorize verification of my student status from my departmental chair.

Signature of Dept. Chair _____ Date _____

(please check type of membership)

_____ **Renewing Member (\$30)** _____ **New Member (\$30)**
_____ **Related Professional/Associate (\$15)** _____ **Student Member (\$15)**

If a new member, who referred you to SHAWNY? _____

I would also like to contribute \$ _____ to the SHAWNY scholarship fund.

Total enclosed \$ _____ Check # _____

Send complete application and check made payable to: SHAWNY to:

SHAWNY Membership Chair: Donna Ringholz, 267 McNaughton Ave., Cheektowaga, NY 14225
Call Donna with any questions: 829-2797 ext.507

Office use only: Date rec'd _____ amt. _____ check # _____ input on db _____