

**Speech-Language-Hearing Association of Western New York
(SHAWNY)
2017 Membership Form**

Name: Mr. Mrs. Ms. Miss Dr. _____

Street Address: _____

Telephone Home _____ Business _____ E-mail: _____

I would like to "go green", please send my newsletter via e-mail. YES ___ NO ___

Please alert us if you have a change in e-mail or mailing address.

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 Teacher Certification _____ 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. Yes ___ No _____

Include me on the private practice list. (This might 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

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 _____

For Everyone

Membership runs from January 1 to December 31. If joining or renewing after 11/15/2016 for 2017, please use the following schedule of membership levels:

___ New/Renewing Member (\$35) ___ 1 yr. post grad/Clinical Fellow (\$20)

___ Related Professional/Associate (\$20) ___ Student Member (\$20)

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

Total enclosed \$ _____

Send complete application and check made payable to SHAWNY to:

Treasurer: Kimberly Nelson, 168 Duffy Dr., Tonawanda, NY 14150
Email Debbie Insalaco insaladm@buffalostate.edu with any questions.

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