

Speech-Language-Hearing Association of Western New York (SHAWNY)

2019 Membership Form

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

Street Address: _____

City, State, and Zip _____

Telephone Home _____ Business _____ E-mail: _____

_____ Please check here if your mailing or e-mail address has changed. We want to make sure our SHAWNY Listserv communications and CEU opportunities reach you.

Primary employment setting: School Hospital Agency University/Lab Private Practice

Employer _____

Professional Title _____

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:

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 (please check appropriate line)

Membership lasts from January to December, the same cycle as NYSSLHA and ASHA. Unlike NYSSLHA and ASHA, SHAWNY has a **pro-rated dues** payment schedule for lapsed or brand new members who wish to take advantage of the member rate for CEU events, an **early bird** special for renewing members, and **regular** rates for renewing or joining members.

Pro-rated - If you are a new or lapsed member renewing by 10/1/2018 for 2018-2019

Professional Member (\$40) 1 yr. post grad/Clinical Fellow (\$20)
 Related Professional/Associate (\$20) Student Member (\$20)

Early Bird – If you are a new or renewing member and paying 2019 dues before 11/15/2018

New/Renewing Member (\$30) 1 yr. post grad/Clinical Fellow (\$15)
 Related Professional/Associate (\$15) Student Member (\$15)

Regular– If you are a renewing member and paying 2019 dues after 11/15/2018

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 completed membership form and check made payable to **SHAWNY** to:

Kimberly Nelson, SHAWNY Treasurer 168 Duffy Dr. Tonawanda NY 14150

Please e-mail Melissa Hooper, membership chair, with any questions about membership status:

melissa.hooper@fredonia.edu

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