



Membership Application

July 1, 2016 - June 30, 2017

Last Name/ First Name/ Middle Initial

Employer

Degree & Major

_____-_____-_____
(area code) Phone #

Address

E-mail address (required)

City/ State/ Zip

ASHA Membership?
 Yes CCC-A or CCC-SLP No

Do you wish to have your name and email address included in our directory? Yes No
This will not be sold to individuals for solicitation purposes

NSHA exists because of volunteers, what job do you volunteer for?:

- Convention Committee
- Secretary
- Treasurer
- Vice President
- Audiology Representation
- President Elect
- Webmaster
- Medical Representation
- Nominations Committee
- Convention Speaker

Please Complete the Following Sections Necessary for our Database:

- Audiology
- Speech Pathology
- Dual Practice, Audiology, & SLP
- Student at _____

NEVADA STATE LICENSURE

- Audiology
- Speech-Language Pathology

MEMBERSHIP TYPE (Check One)- description of membership online at www.nvsha.org

- Active Dues: \$75.00 per year
- Students Dues: \$30.00 per year
- Associate Dues: \$45.00 per year
*If you hold a Masters or Doctorate this option is not available
- Life Dues: \$40.00 (One time fee, see bylaws for eligibility)

Signature

Date

\$_____
Total Enclosed

Make Checks Payable to: **NSHA**

Mail to:

NSHA
Attn: NVSHA Membership
4765 Pinesprings Drive
Reno, NV 89509