



## WSHA MEMBERSHIP FORM

RENEWAL OR NEW MEMBERSHIP (please circle)

LAST NAME:

FIRST NAME:

PRIMARY ADDRESS:

CITY:

STATE & ZIP:

PHONE:

E-MAIL:

FAX:

SECONDARY ADDRESS:

CITY:

STATE & ZIP:

PHONE:

E-MAIL:

FAX:

EMPLOYMENT: FULL or PART-TIME

HIGHEST DEGREE:

INSTITUTION:

YEAR DEGREE CONFERRED:

SPECIALTY: SLP or AUD

DUAL CERTIFICATION:

WYOMING LICENSE #:

ASHA CERTIFICATION #:

CFY/Externship AVAILABLE:

WSHA Student and CF Sponsorship Program

I will sponsor a student @ \$20.00/year

I will sponsor a CF @ \$40.00/ year

I would like to sponsor \_\_\_\_\_  
(name of student/CF)

I will be an anonymous sponsor

I would like to be acknowledged as a sponsor

I would like to apply for student member sponsorship

Signature of Division Head \_\_\_\_\_

I would like to apply for CF member sponsorship

Signature of CF supervisor \_\_\_\_\_

How did you hear about joining WSHA? \_\_\_\_\_

**ANNUAL FEES:** \$40 for Full Membership, \$35 for Associate, \$20 for Affiliate

After February 1st there is an additional \$10 late charge for renewal memberships. The cut-off date for membership information to be included in the Directory is February 1<sup>st</sup>. WSHA member mailing addresses are provided to convention vendors.

**Please MAKE CHECKS PAYABLE TO: WSHA and mail with this form to:**  
Membership Chair - Wyoming Speech-Language-Hearing Association  
2036 Painted Sky Rd.  
Cheyenne, Wyoming 82009

The following (non-elected) volunteer service opportunities are available in WSHA. Please check which committees you are interested in; the committee chair will contact you.

Awards

Continuing Education

Convention

Finance

Membership

Non-dues Revenue

Public Awareness

Student Scholarship