

# Capital Area Speech-Language-Hearing Association (CASHA)

Hotline: 281-7894

Website: [www.cashany.org](http://www.cashany.org)

(Membership Year: July 1, 2011 – June 30, 2012)

Please **PRINT** your information "exactly" as you would like it to appear in the Membership Directory:

NAME: Dr. Mr. Ms. Mrs. Miss: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

PERSONAL E-MAIL ADDRESS: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

TITLE: \_\_\_\_\_

**Please CIRCLE all affiliations/ accreditations:**

ASHA NYSSLHA NSSLHA

NYS License Teacher Certification

Are you available to volunteer?  YES  NO

Receive electronic newsletter?  YES  NO

**Mail form & dues by September 1<sup>st</sup>, 2010 to:**

Mary Jane Roach 330 Columbia St. Cohoes, NY 12047

## **MEMBERSHIP FEES:**

**Please CIRCLE your membership eligibility:**

- CASHA Membership \$25.00
- Associate Member: (Allied Professional) \$22.00
- Student: (9 or more credits) \$15.00
- Life (60+ years of age) NC

CASHA Scholarship Fund + \_\_\_\_\_

**TOTAL (make check payable to CASHA)** \_\_\_\_\_

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Signature of Department Chairperson (if student)

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