

ARE YOU A NEW MEMBER? YES NO
IS THIS IS A CHANGE OF NAME? ADDRESS?
Previous name/address:

Need to reach us?

Hotline: 281-7894

www.cashany.org

Capital Area Speech-Language-Hearing Association

Membership Year: July 1, 2008 – June 30, 2009

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: _____

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

Mail the form & dues by September 30th to:

CASHA, P.O. Box 12512, Albany, NY 12212-2512

MEMBERSHIP FEES:

Please **CIRCLE** your membership eligibility:

- CASHA Membership \$25.00
- Associate Member: (Allied Professional) \$22.00
- Student: (12 or more credits) \$15.00
- Life (60+ years of age) NC

CASHA Scholarship Fund + _____

TOTAL (make check payable to CASHA) _____

* _____

Signature of Department Chairperson (if student)

ARE YOU A NEW MEMBER? YES NO
IS THIS IS A CHANGE OF NAME? ADDRESS?
Previous name/ address:

Need to reach us?

CASHA Hotline: 281-7894

www.cashany.org

Capital Area Speech-Language-Hearing Association

Membership Year: July 1, 2008 – June 30, 2009

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: _____

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

Mail the form & dues by September 30th to:

CASHA, P.O. Box 12512, Albany, NY 12212-2512

MEMBERSHIP FEES:

Please **CIRCLE** your membership eligibility:

- CASHA Membership \$25.00
- Associate Member: (Allied Professional) \$22.00
- Student: (12 or more credits) \$15.00
- Life (60+ years of age) NC

CASHA Scholarship Fund + _____

TOTAL (make check payable to CASHA) _____

* _____

Signature of Department Chairperson (if student)

