

Capital Area Speech-Language-Hearing Association (CASHA)

Hotline: 281-7894

Website: www.cashany.org

(Membership Year: July 1, 2009 – June 30, 2010)

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 1st, 2009 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)
