

Capital Area Speech-Language-Hearing Association (CASHA)

Hotline: 281-7894

Website: www.cashany.org

(Membership Year: July 1, 2010 – June 30, 2011)

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 1st, 2010 to:

Karen DeJoy/ 2027 Dobie Lane/ Schenectady, NY 12303

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)
