



# National Black Association for Speech-Language and Hearing

700 McKnight Park Drive, Suite 708 • Pittsburgh, PA 15237  
Phone: 412-366-1177 • Fax: 412-366-8804 • email: nbaslh@nbaslh.org • www.nbaslh.org

## 2011 NBASLH MEMBERSHIP APPLICATION

Membership #:

Name:

Credentials:

Mailing Address:

City: State: Zip:

Contact Information: work phone:

home phone:

fax number:

Email:

Check here if you want your mailing information omitted from labels sold for non-NBASLH related activities.

Current Employer:

### POSITION/TITLE:

- Clinical Service Provider
- Clinical Supervisor
- Chair/Dept. Head/Manager
- Administrator/CEO/Partner
- Professor/Instructor
- Other (specify) \_\_\_\_\_

### PRIMARY WORK SETTING:

- Public School
- Private School
- Hospital
- Other Health Care Facility
- Private Practice
- College/University
- Other (specify) \_\_\_\_\_

### HIGHEST DEGREE EARNED:

- Bachelors
- Masters in SLP/AUD
- Doctorate in SLP/AUD

### AREA OF PRACTICE:

- SLP
- AUD
- Ph.D. AUD
- EHI
- Other \_\_\_\_\_

### CERTIFICATION/LICENSURE:

- ASHA Certification?  Yes  No
- State Licensure?  Yes  No

State(s) \_\_\_\_\_

Ethnicity (optional): \_\_\_\_\_

May we refer potential clients to you?  Yes  No

### STUDENTS

**Graduate Students:** To be eligible for student membership in NBASLH, you must be currently enrolled as a full-time student according to the full-time course load requirements at the institution.

**Undergraduate Students:** To be eligible for the student membership in NBASLH, you must be currently enrolled as a part-time or full-time student.

College/University: \_\_\_\_\_

Location: \_\_\_\_\_

Signature of advisor or department head: \_\_\_\_\_

Classification:

- Undergraduate       Master's       Doctoral

Student Status:  Full-time       Part-time

### AFFILIATES

- I am interested in joining an affiliate.
- I am interested in starting an affiliate.

### METHOD OF PAYMENT

#### MEMBERSHIP TYPE:

- Professional .....\$75
- Associate .....\$50
- Student.....\$25

#### TOTAL PAYMENT

\$ \_\_\_\_\_

- Check/Money Order (Make check payable to NBASLH)
- Purchase Order # \_\_\_\_\_
- Visa or Mastercard (Must complete the following information)

#### CREDIT CARD ACCOUNT NUMBER

\_\_\_\_\_

#### EXPIRATION DATE

\_\_\_\_\_

SIGNATURE: X \_\_\_\_\_

**DROP IT IN THE MAIL OR FAX IT TO 412-366-8804.**

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