**Capital Speech-Language-Hearing Association**

**(CASHA)**

**NEW Membership Year: January 1, 2021 - December 31, 2021**

**\*Please note, memberships postmarked following 4/1/21 will cost an additional $10, including for life members. Thank you!**

 Please **TYPE** all information, then print it out. *Complete* ALL *sections.*

**PRINT and MAIL (with PAYMENT if paying by check) to:**

**Karen Klouse**

**14 Breanna Drive**

**Schenectady, NY 12304**

**Affiliations:**

[ ] ASHA

[ ]  NYS License

[ ]  Teacher Certification

[ ]  NYSSLHA

**Membership Fees:**

 [ ]  $35 CASHA Member

 [ ]  $15 Student

 [ ]  Free Life Member (60+ yrs of age)

**CASHA Scholarship Contribution:**

Amount:

**Total Due:**

**Method of Payment:**

[ ]  CHECK (payable to CASHA)

[ ]  PAYPAL (via the CASHA website on the “membership” tab)

**Name: ASHA #:**

**Indicate if you’ve had a name change** [ ]

**Address:**

**Email Address:**

**Work Setting/Population:**