

Central New York
Speech, Language, and Hearing Association
<http://www.cnyslha.org>

2019 Membership Application/Renewal

January 1, 2019 - December 31, 2019

Please print your name as you would like it to appear in the membership directory. To be included in the 2019 directory, the fee must be received by **March 31, 2019**.

Name: _____ Date: _____

First

Last

____ Please **DO NOT** list me in the CNYSLHA Membership Directory

Address: _____

Street

City

State

Zip Code

Phone: (____) _____

E-mail Address: _____

Used for CNYSLHA Communication purposes only

***CNYSLHA has gone green! The newsletter will only be emailed to you.

Employer _____ Title _____

Member _____ \$25 New Member _____ \$25 Student _____ \$10
School/Program _____

____ I would like to donate \$ _____ to the CNYSLHA Graduate Student Scholarship Fund.
(Please add amount to your membership fee).

____ I would like to donate \$ _____ to the CNYSLHA Mini Grants (in memory of Sandy Ladd).
(Please add amount to your membership fee).

Please make check payable to: CNYSLHA

Mail to: Deb Wines, Membership Chairperson
 4429 McCloy Road
 Cortland, NY 13045

I am interested in Committee Participation: (Check all that apply)

____ Better Speech & Hearing Month

____ Conferences/After hours

Office Use Only: Check # _____ Date _____ Amt _____