## CASHA Capital Speech-Language-Hearing Association NEW Membership Year: September 1, 2018 - August 31, 2019

Please PRINT your information <u>LEGIBLY</u> and <u>EXACTLY</u> as it appears on your certification/license/ASHA membership.

Name:	Title:
Address:	
Employer:	
Email Address:	

**Affiliations:** 

**ASHA** 

NYS License

NYSSLHA Other:

**Teacher Certification** 

## Membership Fees:

\$35.00 CASHA Member

\$32.00 Assoc. Member/Allied Prof

\$15.00 Student (9+ credit hours)

FREE Life Member (60+ yrs of age)

## **CASHA Scholarship Contribution:**

Amount: **Total Due:** 

**Method of Payment:** 

CHECK (payable to CASHA)

CASH (in-person payment only)

## PRINT and MAIL with PAYMENT to:

Karen Klouse 14 Breanna Drive Schenectady, NY 12304