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

2020 Membership Application/Renewal

January 1, 2020 – December 31, 2020

Please print your name as you would like it to appear in the membership directory. To be included in the 2020 directory, the fee must be received by **March 31, 2020**.

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_____