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WyoSHA MEMBERSHIP APPLICATION

Member Information

Name:		Credentials:	Men
Address:			WyoS Please o
	State:	Zip:	Full N
Home Phone:	□ Business P	hone:	Assoc
	Email:		Clinica
Employer:			Life N Retire
Position:			Spons
	om the WyoSHA Listserv. on in the Public Referral Directory.		College
-	Bachelor Master	Doctoral	Signatur
Check all That A	pply		Stud Stud Clini
FIELD:	SLP/AUD		I would I would I would
ASHA CERTIFICATION	I: P 🗖 CCC-A & CCC-SLP		
PROFESSIONAL TEAC	HER BOARD CERTIFICATION:		MEMI
WYOMING LICENSE:	DUAL SLP/AUD		CF SPO DONA
	lasters 🗖 Doctoral		TOTAL Visit w
Year Graduated: University Granting H			Mail/F Office
🗖 I have CFY Availabili	ty 🛛 I have Externship Availability		
Want to Get Inv			x Signa
_	is a great way to show your support!		
 Awards CEU Admin Finance 	 Non-Dues Revenue Public Awareness Student Scholarships 	Available Board Member Positions	CREDIT

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eck membership category.

Membership	Туре 2022	
Full Member	□ \$40	
Associate Member	□ \$35	
Affiliate Member	□ \$20	
Clinical Fellowship 2-year Me	mber 🗇 \$40	
Student Member	□ \$20	
Life Member	□ \$0	
Retired Member	□ \$0	
Sponsored Student/CF Memb	ber 🗖 \$0	
College/University:		
□ ClinIcal Fellowship Sponsor I would like to be: □ an anony I would like to be: □ acknowl I would like to be: □ a sponso Name of indivio	ymous sponsor ledged as a sponsor	
METHOD OF PAY	MENT	
MEMBERSHIP DUES:	\$	
STUDENT SPONSORSHIP:	\$	
CF SPONSORSHIP:	\$	
DONATION :	\$	
TOTAL AMOUNT DUE:	\$	
Visit <u>www.wyosha.org</u> to join a	and pay online with a credit card	
Mail/Fax - Complete this form Office with your method of par	and mail/fax it to the WyoSHA yment.	
Check (payable to WyoSH Visa MasterCard C X Signature	HA) Discover 🗖 American Express	
Signature		
	EXPIRATION DATE	-
CREDIT CARD ACCOUNT NUMBER	R	