

#### 700 MCKNIGHT PARK DRIVE, SUITE 708 PITTSBURGH, PA 15237 PHONE: 855-727-2836 FAX: 888-729-3489 WWW.WYOSHA.ORG ADMIN@WYOSHA.ORG

# 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!		
<ul> <li>Awards</li> <li>CEU Admin</li> <li>Finance</li> </ul>	<ul> <li>Non-Dues Revenue</li> <li>Public Awareness</li> <li>Student Scholarships</li> </ul>	Available Board Member Positions	CREDIT

### bership Dues

#### A Dues

eck membership category.

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Membership 1	уре	2022
Full Member		□ \$40
Associate Member		□ \$35
Affiliate Member		<b>□</b> \$20
Clinical Fellowship 2-year Member		□ \$40
Student Member		□ \$20
Life Member	<b>□</b> \$0	
Retired Member	<b>□</b> \$0	
Sponsored Student/CF Memb	<b>□</b> \$0	
Signature of University Program D I would like to sponsor a stud Student Sponsorship (\$20) Clinical Fellowship Sponsor I would like to be: a anony I would like to be: a sponso Name of individ	f <b>ent.</b> ship (\$40) ymous spons edged as a sp red student	or ponsor
METHOD OF PAY MEMBERSHIP DUES:	\$	
STUDENT SPONSORSHIP: CF SPONSORSHIP:		
DONATION :	\$\$	
TOTAL AMOUNT DUE:	\$	
Visit <u>www.wyosha.org</u> to join a <b>Mail/Fax</b> - Complete this form Office with your method of pay	and mail/fax	
Check (payable to WyoSH Visa MasterCard C X		American Express
Signature		
Signature	F	XPIRATION DATE