



# GEORGIA SPEECH-LANGUAGE-HEARING ASSOCIATION

Communication for all. Have a voice. Be heard.

P.O. Box 1867, Buford, GA 30515 | 770-405-9552 (O) | 470-777-2634 (F) | www.gsha.org

## Membership Application

*Please print or type*

<b>Last Name:</b>		<b>First Name:</b>		<b>MI:</b>	
<b>Preferred Address:</b> <input type="checkbox"/> Home <input type="checkbox"/> Work					
<b>Address 1:</b>					
<b>Address 2:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Home County:</b>			<b>Work County:</b>		
<b>Preferred Phone:</b>			<b>Email Address:</b>		
<b>Employer:</b>					
Your contact information will be available in GSHA's online Member Directory, which is accessible only to GSHA members. If you do not want your information to be published, please indicate below: <input type="checkbox"/> I do not want my contact information published in GSHA's online directory.					
<b>State Legislative District Numbers (<a href="https://openstates.org/find_your_legislator/">https://openstates.org/find_your_legislator/</a>)</b>				<b>House:</b>	
				<b>Senate:</b>	
<b>DEMOGRAPHIC: OPTIONAL FOR GSHA INTERNAL USE ONLY</b>	<b>Gender</b>		<b>Race and Ethnic Background</b>		
	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> Prefer not to say <input type="checkbox"/>		<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic, Latino, or Spanish origin <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other race, ethnicity, or origin		
		<b>Date of Birth:</b> ___/___/____ mm    dd    yyyy			
<b>SECOND LANGUAGE FLUENCY</b>	Please list all language fluency (including ASL), other than English:				
<b>CREDENTIALS</b>	Highest Degree: <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Educational Specialist <input type="checkbox"/> Doctoral ASHA Certification: <input type="checkbox"/> CCC-SLP <input type="checkbox"/> CCC-A <input type="checkbox"/> CCC-SLP/A <input type="checkbox"/> CF-SLP Educator/Teacher Certification: <input type="checkbox"/> SLP <input type="checkbox"/> Audiology Other _____ GA Licensure Board License: <input type="checkbox"/> SLP <input type="checkbox"/> Audiology <input type="checkbox"/> Both GA Licensure Board Registration: <input type="checkbox"/> SLP Aide <input type="checkbox"/> Audiology Assistant				
<b>PROFESSIONAL SETTING</b>	<b>PRIMARY Work Setting (select one):</b> <input type="checkbox"/> Home Health Agency <input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Long-term Health Care/SNF <input type="checkbox"/> Private Practice <input type="checkbox"/> Private/Public School <input type="checkbox"/> Public Agency <input type="checkbox"/> University/College <input type="checkbox"/> Retired <input type="checkbox"/> Other:				
<b>AGES SERVED</b>	<input type="checkbox"/> All ages <input type="checkbox"/> Newborn <input type="checkbox"/> Preschool <input type="checkbox"/> School Age <input type="checkbox"/> Adult <input type="checkbox"/> Geriatric				
<b>SING MEMBERSHIP</b>	The Supervisory Interest Network of GSHA (SING) promotes interaction, fosters knowledge, and advocates for those engaged in all levels of supervision. Are you interested in being a part of SING (included with dues)? <input type="checkbox"/> Yes <input type="checkbox"/> No				

## MEMBERSHIP CATEGORIES

GSHA dues are on a rolling dues membership year so that your paid membership will be in effect for **one year from the date of your payment**. Please Indicate the type of membership for which you are applying and the total amount of payment for membership dues and any voluntary contributions.

<input type="checkbox"/> \$125.00	<b>REGULAR MEMBERSHIP:</b> Graduate degree in SLP; audiology, speech, language, or hearing science; or education of the hearing-impaired; or a graduate degree in an alternate/related field with research, interest, or practice in field of communication, swallowing, or hearing disorders.
<input type="checkbox"/> \$50.00 <input type="checkbox"/> \$75.00	<b>BRIDGE MEMBERSHIP:</b> Graduate degree in speech-language pathology, audiology, or communication sciences and disorders <u>and</u> in the first full year of employment after graduation. For one-year only. <b>Dues:</b> \$50 if previous GSHA or ASHA recognized state Speech-Language-Hearing Association student member; \$75 if not previous GSHA or ASHA recognized state Speech-Language-Hearing Association student member. <input type="checkbox"/> <b>Previous GSHA member</b> <input type="checkbox"/> <b>Previous state association member of:</b>
<input type="checkbox"/> \$100.00	<b>ASSOCIATE MEMBERSHIP:</b> At least a bachelor's degree (e.g., communication sciences and disorders); interest in GSHA's goals and in communication, swallowing, and hearing disorders; does not meet academic requirements for Regular or Bridge membership.
<input type="checkbox"/> \$35.00	<b>ADVOCATE MEMBERSHIP:</b> Parent, caregiver, or adult consumer (or related professional) with interest in GSHA's goals and in communication, swallowing, and hearing disorders; does not meet requirements for other membership classes.
<input type="checkbox"/> \$35.00	<b>STUDENT MEMBERSHIP:</b> Enrolled as full-time student in SLP, audiology, speech/hearing science, or related field. <b>University/College Attending:</b> _____ <b>Projected Graduation Date:</b> _____
\$ _____	<b>VOLUNTARY GSHA Political Action Committee (GSH-PAC) CONTRIBUTION:</b> Donations help increase the visibility of needs for individuals with communicative disorders at the legislative level.
\$ _____	<b>VOLUNTARY Georgia Speech-Language-Hearing Foundation (GSHFoundation) CONTRIBUTION:</b> Donations support the initiatives of the GSHFoundation, including advocacy, student scholarships, grants, outreach, and public service. The GSHFoundation is a (501)(c)(3) tax-exempt public charity, 81-2879682.
\$400.00	<b>CORPORATE MEMBERSHIP:</b> Open to a vendor or other commercial entity who has an interest in GSHA's goals and in communication, swallowing, or hearing disorders and is not eligible for other classes of membership. See the benefits of Corporate membership and <b>apply at <a href="https://tinyurl.com/GSHACorporate">https://tinyurl.com/GSHACorporate</a></b> .
\$ _____	<b>TOTAL AMOUNT DUE</b>
<b>METHOD OF PAYMENT</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	<b>FOR PAYMENT BY CREDIT CARD (AMEX, MC or Visa Only)</b> CARD NUMBER: _____ EXPIRATION DATE: _____ CVV CODE: _____ NAME ON CARD: _____ BILLING ADDRESS: _____ SIGNATURE: _____
<b>GSHA REFERRAL</b>	<b>How did you hear about GSHA?</b> <input type="checkbox"/> Referred by GSHA Member (Name): _____ <input type="checkbox"/> Other: _____

**"I hereby apply for membership in the Georgia Speech-Language-Hearing Association, subject to approval of my application. I affirm that I have read and agree to abide by the GSHA's Code of Ethics at [www.gsha.org](http://www.gsha.org)."**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Dues for membership to GSHA are not deductible as charitable contributions for federal income tax purposes but may be deductible as an ordinary and necessary business expense. Pursuant to 6033(e)(2)(A) of the Internal Revenue Code, certain lobbying and political expenses are not deductible, and information concerning their non-deductibility must be communicated by tax exempt organizations to their members. You are hereby notified that 17% of your dues and any contribution to the GSH-PAC are not deductible.

The GSHFoundation is recognized as a tax-exempt public charity under Section 501(c)(3) of the internal Revenue Code and has an IRS identification number of 81-2879682. Contributions are deductible to the extent allowed by law.

**Please submit your application with payment by mail, fax, or email to:**  
**GSHA, P.O. Box 1867, Buford, GA 30515 | 770-405-9552 (O) | 470-777-2634 (F) | [execdir@gsha.org](mailto:execdir@gsha.org) -or-**  
**Apply online at <https://gsa.memberclicks.net/join-gsha-today>**

**To get involved in GSHA volunteer and leadership opportunities, go to**  
**<https://gsa.memberclicks.net/volunteer-main>**