SAN ANTONIO SPEECH, HEARING AND LANGUAGE ASSOCIATION
2011-2012 MEMBERSHIP FORM

Please fill out ALL information completely as membership lists and directory information are compiled from these forms.

___ New Member ___ Change of Address/Name

Name:_____
Last First M.I. Credentials

Home Address:_____ Zip _____

Phone Number: Home: _____ Work:_____

Email:_____

Place/Type of Employment: Public School Private Practice Hospital
Clinic LTC/SNF Other

(Specify)_____

Please Check: _____ Active Member **$50.00** (includes 12 CEUs - Fall and Spring Conference)
_____ Student (Full Time)
Free with Program Director
Signature_____
(required for student application)

Mail this form with your check payable to : SASHLA
P.O Box 1146
Helotes, Texas 78023