

**NEW MEXICO SPEECH-LANGUAGE-HEARING ASSOCIATION**

**P.O. Box 90846, Albuquerque, New Mexico 87199**

**505-899-NMSHA (6674) or 800-292-8465**

**MEMBERSHIP APPLICATION FORM**

Dues apply from June 1, 2008 through May 31, 2009

NAME \_\_\_\_\_ DEGREE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

WORK PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

Please subscribe me to the NMSHA listserv  Yes  No  
or I'm already on the listserv  Yes  No

**FIELD** (please circle)

AU Audiology SP Speech-Language Pathology  
SA Dual ST Full-Time Student at \_\_\_\_\_  
OT Other \_\_\_\_\_ Graduation Date: \_\_\_ Year \_\_\_ Month

**STATE LICENSURE** (please circle)

AU Non-Dispensing Audiologist SC Speech Pathology CFY  
DA Dispensing Audiologist AC Audiology CFY  
SP Speech-Language Pathology

**PRIMARY WORK SETTING** (please circle)

SC School UN University  
HO Hospital CL Clinic  
PP Private Practice NH Nursing/Sub-Acute Facility  
NF Not currently working in the field. OT Other

**MEMBERSHIPS**

ASHA \_\_\_\_\_ AAA \_\_\_\_\_  
ASHA CERTIFICATION \_\_\_CCC-SLP \_\_\_CCC-A \_\_\_CCC-SLP/A

**OTHER INFORMATION**

If you are Multi-lingual, please list languages \_\_\_\_\_

Are you fluent in sign language?  Yes  No

**NMSHA COMMITTEE VOLUNTEER POOL** (please circle committees of interest)

PUB	Publications Board	ADV	Advocacy/ Licensure
WEB	Web Page	PS	Public School
AD	Advertising	HR	Health Care
CO	Convention Planning	CEU	Cont. Education
PI	Public Information	AUD	Audiology
DI	Diversity		

**PLEASE CIRCLE AREAS OF SPECIALIZATION THAT YOU FEEL QUALIFIED TO BE LISTED AS A SPECIALIST IN THE NMSHA DIRECTORY**

PA	Pediatric Audiology	AR	Aural (Re)habilitation
HAD	Hearing Aid Dispensing	VT	Vestibular Testing
AC	Augmentative/Alternative Communication		
DY	Adult Dysphagia	PD	Pediatric Dysphagia
VO	Voice Disorders	DF	Dysfluency
HI	Head Injury	AN	Other Adult Neurogenic Speech/Language
SA	School Age Sp./Lang.		
EI	Early Intervention/Birth-Three	LA	Laryngectomee Rehabilitation
BI	Bilingual Assessment/Intervention	SU	Supervision

➤ Based on 1993 Tax Regulations dues to NMSHA are deductible as an ordinary and necessary business expense. A portion of the dues, 50% is not deductible due to lobbying costs for 2008.

**MEMBERSHIP TYPE** (please circle one)

Regular (Includes BA-level and CFY clinicians) \$70.00  
Student (Pursuing degree in Speech & Hearing) \$20.00

Life (Retired, 65 years of age and held membership for 10 Years) \$0.00

**LATE FEE IF POSTMARKED AFTER 6-1-08** \$15.00

**TOTAL ENCLOSED**

Make Checks Payable to NMSHA or  
Credit Card Payment: **Mastercard, Visa or Discover ONLY!**

Card # \_\_\_\_\_  
Last Three Numbers on Back of card \_\_\_\_\_ Expiration Date \_\_\_\_\_

**PRINT** name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_