



South Western Illinois Speech Language & Hearing Association
P. O. Box 37 · Glen Carbon, Illinois 62034

Membership Form

This information may be shared with members on the new website. Check here and initial if you decline to share contact information with other members. _____

Name _____ Check here if this is a new address _____

Address _____

City/State/Zip _____

Home Phone (____) ____-____ Work Phone (____) ____-____ E-Mail: _____

Membership Type

Regular Member Aud _____ Sp _____
Student Member Aud _____ Sp _____
Associate Member Parent _____ Administrator _____ Educator _____

Work Site School _____ Hospital _____ Agency _____ University _____ Other _____

Check if you are a member of ASHA _____ AFT/IFT _____ Last Degree Earned
ISHA _____ NEA/IEA _____ BS _____ MS _____
NSSHLA _____ PhD _____ Other _____

Do you have CCC SLP _____ Illinois Licensure SLP _____ Hearing Aid
A _____ A _____ Dispensers _____
Both _____ Both _____

At a cost of \$2.00 per letter, do you need a letter stating your membership in SWISHA to be sent to your director/administrator? If YES, please state:

Director's Name _____ Title _____

Address _____

City/State/Zip _____
(list others on back of this form)

I am interested in the following topic(s): _____

I would like to recommend _____ as a SWISHA meeting speaker.

I am willing to help on the following committee(s). (please circle)

Scholarship Membership Public Relations Newsletter Nominations & Elections Program

Annual Dues _____ DUES _____
Regular and Associate \$18.00 (\$20.00 after the first meeting)
Student Dues \$5.00 LETTERS _____
Letters \$2.00 each
Scholarship Fund Donation _____ SCHOLARSHIP _____
TOTAL _____

Payable to: SWISHA
Send to: P.O. Box 37 Glen Carbon, IL 62034