



# Arkansas Speech-Language-Hearing Association Membership Renewal / Directory Information Form

**PLEASE PRINT NEATLY**

**Please mail with a check payable to ArkSHA to:  
ArkSHA, P.O. Box 24103, Little Rock, AR 72221 (501) 244-0621**

\_\_\_\_\_ **\$60 for FULL Membership** (*Master's Degree or Higher*)     SLP     AUD

\_\_\_\_\_ **\$45 for ASSOCIATE Membership** (*Undergraduate Degree or Allied Profession*)

\_\_\_\_\_ **\$25 for STUDENT Membership** (*Full-time Enrollment in Speech Language Pathology or Audiology*)  
(*Estimated Date of Graduation* \_\_\_\_\_)

**If renewing after February 15, please include a \$10.00 late fee.**

Legal Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name/Initial: \_\_\_\_\_

Prior/Maiden Name if previously used for ArkSHA membership: \_\_\_\_\_

Arkansas License Number(s): SLP# \_\_\_\_\_ A# \_\_\_\_\_ Public School Cert./  Lic.: \_\_\_\_\_

Degree: \_\_\_\_\_ Certification: \_\_\_\_\_ Graduated From: \_\_\_\_\_

Work Setting:     School     University     Rehabilitation     Clinic     Hospital     Other

### **Employment Information**

Employer: \_\_\_\_\_  
Company/School - Department

Business Address: (Physical or P.O. Box - Not Both) \_\_\_\_\_

Business City: \_\_\_\_\_ Business State: \_\_\_\_\_ Business Zip (+4 Required): \_\_\_\_\_ - \_\_\_\_\_

Business Phone: (    ) \_\_\_\_\_ Business Fax: (    ) \_\_\_\_\_

### **Home or Mailing Address for mailed ArkSHA materials (since you may change employers)**

Same as Business Contact Information

Mailing Address: (Physical or P.O. Box - Not Both) \_\_\_\_\_

Mailing City: \_\_\_\_\_ Mailing State: \_\_\_\_\_ Mailing Zip (+4 Required): \_\_\_\_\_ - \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**I have enclosed an additional \$ \_\_\_\_\_ for the Scholarship Fund.**

In Memory    In Honor of: \_\_\_\_\_

**TO PAY BY CREDIT CARD. You may fax this form with the following information to (501) 224-0988**

Type (VISA or MasterCard Only): \_\_\_\_\_ VISA    \_\_\_\_\_ MasterCard    Name on Card \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV # \_\_\_\_\_

Billing Address: \_\_\_\_\_ Signature: \_\_\_\_\_