



# Arkansas Speech-Language-Hearing Association

P.O. Box 24103, Little Rock, AR 72221 • 501-244-0621

## Membership Renewal Form

*After February 15<sup>th</sup>, add \$10 late fee*

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_  
SLP # \_\_\_\_\_ AUD # \_\_\_\_\_

\_\_\_\_\_ Full member, Speech-Language Pathologist - \$65.00

\_\_\_\_\_ Full member, Audiologist - \$65.00

\_\_\_\_\_ Associate member - \$45.00

\_\_\_\_\_ Student member - \$25.00

*Former Student Members will receive a \$10.00 discount on initial Full member dues provided they have current student membership status when they apply.*

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

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### SEND APPLICATION & DUES TO:

ArkSHA  
P.O. Box 24103  
Little Rock, AR 72221  
FAX: 501-224-0988

Check #: _____ **\$3.00 credit card convenience fee added Visa/ MasterCard #: _____ - _____ - _____ - _____ Exp. Date: _____ CVV: _____ Name on Card: _____ Billing Address (if diff from above): _____
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*Membership dues are not deductible as charitable contributions for federal income tax purposes. In addition 15 % of your dues spent for governmental relations are not deductible as a business expense.*