

MEMBERSHIP APPLICATION
January 1, 2023 to December 31, 2023
Apply or Renew Online at www.hsha.org

Please complete the following information for the HSHA membership directory and mailing list. Please send the completed form with your membership payment to: **Membership c/o HSHA, P.O. Box 235888, Honolulu, Hawaii 96823-3516.**

Please indicate to be part of our public HSHA directory or for members view only:

☐ Public Directory ☐ Members only

Circle one: New Membership Renewal

I. Personal Data:

Last Name: _____ First Name: _____

Address (Residence): _____

Telephone: _____ Email Address: _____

II. Professional Data:

Agency: _____

Address (Business): _____

Telephone: _____ E-Mail Address: _____

TITLE: ☐ Speech-Language Pathologist ☐ Audiologist ☐ Student ☐ Retiree ☐ Other: _____

ASHA CERTIFICATION: ☐ Speech-Language Pathologist ☐ Audiologist ☐ SLP/AUD

HAWAII STATE LICENSE: ☐ Speech-Language Pathologist ☐ Audiologist ☐ SLP/AUD

Island of Residence

- ☐ Oahu
☐ Hawaii Island
☐ Kauai
☐ Maui
☐ Molokai
☐ Lanai
☐ I do not reside in Hawaii

Work Setting/s

- ☐ School Based
☐ Medical Based
☐ Private Practice
☐ Early Intervention
☐ Retired
☐ Other

III. Mailouts:

Information to members is accessible through the **NEW HSHA** website: www.hsha.org. If you are unable to access the website, you may request that information be sent to you via regular mail.

There is no additional cost for members who are Hawaii residents. **Do you wish to have information sent via regular mail?** ☐ Yes ☐ No

If yes, I would like HSHA information sent to the following address:

☐ Home/Residence Data ☐ Business/Professional Data

IV. Educational Data:

Highest degree earned: ☐ Bachelor's ☐ Master's ☐ Ph.D. Other: _____

Major: ☐ Speech-Language Pathology ☐ Audiology Other: _____

V. Committee Participation:

I am interested in volunteering on the following HSHA committee(s) and/or other activities:

<input type="checkbox"/> Annual Convention	<input type="checkbox"/> Education Affairs	<input type="checkbox"/> Professional Affairs
<input type="checkbox"/> Foundation	<input type="checkbox"/> Membership	<input type="checkbox"/> Legislative Committee
<input type="checkbox"/> Better Hearing/Speech Month	<input type="checkbox"/> Medical Caucus	<input type="checkbox"/> Public School Caucus
<input type="checkbox"/> Website	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Audiology

VI. Membership Dues/Fees (check one):

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☐ Professional Member (\$50.00)- Possesses a master's degree or equivalent with major emphasis in speech-language pathology, audiology, or speech-hearing science OR holds a master's degree or equivalent and presents evidence of active research, interest and performance in the field of communication.

☐ Associate Member (\$50.00)- Employed in an allied field or working towards a post baccalaureate degree.

☐ CFY/Student (\$15.00)- Completing Clinical Fellowship Year OR pursuing degree in Speech-Language Pathology and/or Audiology. Degree granted in month/year: _____

****CFY/Student Membership must be updated year following graduation**

VII. Foundation Donation:

I am interested in making a donation to the Hawaii Speech-Language-Hearing Foundation.

The Hawaii Speech-Language-Hearing Foundation functions as a complement to the association, by supporting projects and programs which will advance the professions' knowledge base and improve the capability to provide meaningful service. It does not engage in the promotion of or to any legislative proposal or candidate for public office. Your donation to the foundation is tax deductible.

VIII. Payment:

-Make check payable to: Hawai'i Speech-Language-Hearing Association

Memo: Membership \$_____ (check #:_____)

-Make separate check payable to: Hawai'i Speech-Language-Hearing Foundation

Memo: Foundation \$_____ (check #:_____)

Signature: _____ Date: _____

(For HSHA Committee use only: Date received: _____)