

2008 RISHA MEMBERSHIP APPLICATION

Valid 1/1/08 – 12/31/08 (Please print)

Name _____
Address _____

Phone _____
Email _____
Employer _____
Employer address _____
Work Phone _____
Occupation/Title _____
Area of Interest/Specialty _____
Highest Degree/Where _____
Dept. of Health Licensure Yes _____ No _____
Dept. of Ed. Certification Yes _____ No _____
ASHA Certification CCC-CF _____ CCC-SLP _____ CCC-AUD _____
ASHA member Yes _____ No _____
Type of RISHA membership
you are applying for (see below) Active _____ Associate _____ Student _____

I give permission to publish the above information in the RISHA Membership Directory.

I do NOT want my information included in the RISHA Membership Directory.

MEMBERSHIP CATEGORIES

\$50 Active Member (\$45 if postmarked by 12/31/07)

Voting member—Master's degree or higher in SLP or AUD

\$45 Associate Member (\$40 if postmarked by 12/31/07)

Non-voting member—Bachelor's degree in SLP or AUD or individuals with a professional interest

\$10 Student Member I am attending _____

Non-voting member—Actively pursuing college/university training in SLP or AUD

Donation to Patricia M. Stephens Scholarship Fund

*(Please send separate check with notation for **SCHOLARSHIP FUND**)*

Please make check payable to RISHA

Mail to:

RISHA
P.O. Box 9241
Providence, RI 02940

Office use only: Date rec'd _____ Check # _____ Dues _____ Scholarship _____ Card sent _____

► PLEASE HELP YOUR PROFESSION BY VOLUNTEERING.

I would be interested in:

Serving on the Executive Board of RISHA

Helping on a RISHA project (mailings, newsletter, conferences, etc.)

Becoming more involved in the following area(s):

- Audiology Early Intervention Fund-raising
- Gov. Affairs Higher Education Medical Facilities
- Membership Multicultural Issues Private Practice
- Programs Public Relations Schools
- Other _____

► PRIVATE PRACTICE LISTINGS:

RISHA often gets inquiries from the general public for SLPs to provide private therapy, evaluations, or consulting. Some common requests include voice improvement, accent modification, apraxia, stuttering, sign language, autism, extended school year services, or a specific therapy technique.

If you have expertise in a particular area and would like referrals for private clients, you can submit your information, and it will be posted on the “Private Practice” area of the RISHA website. Please fill out the form below, and include your signature to agree to have your information posted.

Name/Degree/CCC Initials _____

Areas of Specialty _____

Phone/Email _____

Signature _____

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The Rhode Island Speech-Language-Hearing Association is a non-profit organization dedicated to promoting the public’s awareness of the profession and the value of services provided in all settings. RISHA aims to stimulate special interest in the art and science of diagnosis and rehabilitation of people with communication disorders.

RISHA does not discriminate on the basis of race, national origin, religion, age, sex, sexual orientation, or handicapping condition.