

Speech-Language-Hearing Association of Western New York (SHAWNY)

2012 Membership Form

Name: Mr. Mrs. Ms. Miss Dr. _____

Street Address: _____ City _____ Zip code _____

Telephone: Home _____ Business _____ Cell _____

I would like to "go green", please send my newsletter via e-mail. YES ___ NO ___

E-mail _____ Please alert us if you have a change in e-mail or mailing address.

Primary employment setting: _School _Hospital _Agency _University/Lab _Private Practice

Employer _____

Professional Title _____

Highest Degree _____ Institution _____

Please check all that apply:

Member of: ASHA ___ AAA ___ CCC/SLP ___ CCC-A ___ NYSSLHA ___ Other ___

NYS Licensure: Speech Pathology ___ Audiology ___ NYS Teacher Certification ___ Other ___

Please list any speakers or topics that you would be interested in for future workshops:

I approve of any/all of this information to be included in the next SHAWNY directory. ___

Include me on the private practice list. (Which may be given out to individuals requesting a speech or hearing professional in a certain area or that works with a certain population.)

Private practice members should include the following information:

Area(s) served _____

Population/ages served _____

Evaluation/Therapy type(s) _____

For Students

Anticipated Graduation Date _____ College/University _____

___ Undergraduate ___ Graduate ___ Audiology ___ Speech-Language Pathology

I hereby affirm that I am a full time student (minimum) 12 hours and authorize verification of my student status from my departmental chair.

Signature of Dept. _____ Date _____

(please check type of membership)

___ New/Renewing Member (\$35)

___ 1 yr. post grad/Clinical Fellow (\$20)

___ Related Professional/Associate (\$20)

___ Student Member (\$20)

I would also like to contribute \$ ___ to the SHAWNY scholarship fund.

Total enclosed \$ _____

Send complete application and check made payable to SHAWNY to:

Membership Chair: Donna M. Ringholz, 267 McNaughton Ave., Cheektowaga, NY 14225

Call or e-mail Donna with any questions: 829-5536 or ringholz@buffalo.edu

Office use only: Date rec'd _____ amt. _____ check # _____ input on db _____