



174 NASSAU STREET  
 SUITE 337  
 PRINCETON, NJ 08542  
 PHONE: 888-906-5742  
 FAX: 888-729-3489  
 WWW.NJSHA.ORG  
 INFO@NJSHA.ORG

## NJSHA MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Credentials: \_\_\_\_\_

Year of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

*Check one phone number above to be your primary number in the NJSHA Directories*

Email: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Position/Title: \_\_\_\_\_

- I would like the **VOICES** newsletter sent only via **email**.
- Do not publish my information in the Online Member Directory.
- Include my information in the Public Referral Directory. (Visit your member profile online for additional directory listing options.)

**PLEASE CHECK ALL THAT APPLY:**

**PRIMARY WORK SETTING:**

- School       Hospital/Rehab Center
- VA Facility       Private Practice
- College/University       Home Care
- Retired       Other \_\_\_\_\_

**PRACTICE AREA:**

- SLP     AUD     SLP/AUD
- THI     TCH

**HIGHEST DEGREE EARNED:**

- Bachelors
- Masters in SLP/AUD
- Doctorate in SLP/AUD

**ASHA STATUS:**

- CCC-A       CCC-SLP
- CCC-SLP/A       CF-SLP
- CF-AUD       Student

**NJ STATE LICENSE:**

- Speech-Language Pathology
- Audiology       Dual SLP/AUD

**CERTIFICATION:**

- NJ Speech Correctionist
- NJ Speech-Language Specialist
- Elementary School Teacher
- Teacher of the Deaf & Hard of Hearing
- Teacher of Students with Disabilities
- Supervisor

**GET INVOLVED WITH NJSHA!**

I am interested in the following committees:

- AAC
- Healthcare
- Multicultural
- Audiology
- Higher Education
- Private Practice
- Continuing Education
- Journal of NJSHA
- Public Relations
- Convention
- Media/Publications
- School Affairs
- Ethics
- Membership
- Student Issues

### MEMBERSHIP ELIGIBILITY & DUES

*Please check membership category.*

Membership Type	2017 <i>(one-year)</i>	2017-2018 <i>(two-year)</i>
<b>Regular Member</b>	<input type="checkbox"/> \$85	<input type="checkbox"/> \$150
<b>Associate Member</b>	<input type="checkbox"/> \$70	<input type="checkbox"/> \$135
<b>Student Free Member</b> <i>*First year only</i>	<input type="checkbox"/> No Fee	N/A
<b>Student Member</b>	<input type="checkbox"/> \$50	<input type="checkbox"/> \$95
<b>Recent Graduate Member</b>	<input type="checkbox"/> \$70	<input type="checkbox"/> \$135
<b>Life Member</b>	<input type="checkbox"/> \$25	<input type="checkbox"/> \$45

*See attached for descriptions of membership categories.*

**STUDENTS**

**College/University** \_\_\_\_\_

**Classification**

- Undergrad     Grad - 1st year     Grad - 2nd Year     Doctoral

**Emphasis**

- SLP     AUD

Signature of University Department/Advisor/Clinical Supervisor \_\_\_\_\_

### METHOD OF PAYMENT

**Renew Online** - Visit [www.njsa.org](http://www.njsa.org) and log in to your account to pay online with a credit card.

**Mail/Fax** - Complete this form and mail/fax it to the NJSHA Office with your method of payment.

- Check (payable to NJSHA)
- Visa       MasterCard       Discover       American Express

X \_\_\_\_\_  
 Signature

EXPIRATION DATE

--	--	--	--

CREDIT CARD ACCOUNT NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NJSHA membership dues are not deductible as a charitable contribution for U.S. federal income tax purposes, but may be deductible as a business expense. NJSHA estimates that 34% of your dues are not deductible because of NJSHA's lobbying activities on behalf of its members.

**NJSHA FED. TAX #22-6064537**

Membership Year:  
 January 1 through December 31

Submission of this form confirms that I have read the NJSHA Code of Ethics and pledge to abide by its prescribed professional standards. (The Code may be viewed on the website, [www.njsa.org](http://www.njsa.org).)



174 NASSAU STREET  
SUITE 337  
PRINCETON, NJ 08542  
PHONE: 888-906-5742  
FAX: 888-729-3489

## New Jersey Speech-Language-Hearing Association

### CATEGORIES OF MEMBERSHIP

Membership in the Association consists of the following classes: Regular Members, Associate Members, Student Free Members, Student Members, Recent Graduate Members and Life Members.

A **Regular Member** must hold a graduate degree with major emphasis in speech-language pathology, audiology, or speech, language or hearing science; or a graduate degree and present evidence of active research, interest and performance in the field of human communication.

These requirements for election as a Regular Member are waived in cases of those who have maintained their Regular Membership status in the association, without interruption, from a date prior to January 1, 1969.

An **Associate Member** is one who is employed in and/or presents evidence of interest in the field of communication disorders and/or sciences, but does not meet the requirements as a Regular Member, Student Member, or Student Free Member.

A **Student Free Member** is one who presents evidence of current full-time matriculation (nine credit hours or more per semester) as a student entered in one of New Jersey's graduate or undergraduate programs in speech-language pathology or audiology. This membership category is only available for the first year of membership.

A **Student Member** is one who presents evidence of current matriculated status (nine credit hours or more per semester) in a graduate or undergraduate program in speech-language pathology, audiology, and/or speech and hearing science.

A **Recent Graduate Member** is a Regular Member who has completed a graduate program within the past year.

A **Life Member** is a Regular Member who has attained the age of 65 and has held membership for 20 consecutive years prior to age 65. Such Regular Members may apply for and, upon approval, receive Life Membership with all privileges of a Regular Member with reduced payment of annual dues.