



# Montana Speech · Language · Hearing Association

*...Improving communication for life*

PO BOX 1065  
Glasgow, MT 59230

## Membership Form

**Full Membership (licensed or equivalent) - \$75.00**

**Aide/Assistant—\$25.00**

**Student Membership—\$25.00**

**Membership dues include January 1 through December 31 of each year**

### PERSONAL INFORMATION

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Current email:** \_\_\_\_\_

### EMPLOYER INFORMATION

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Current email:** \_\_\_\_\_

**Please circle all that apply: SLP AUD DUAL AIDE/ASSISTANT STUDENT  
HOSPITAL SCHOOL PRIVATE PRACTICE**

The information may be published in the directory **yes / no** on the website **yes / no** (please circle yes or no on each)  
\_\_\_\_\_ (signature). Year you first became a MSHA member: \_\_\_\_\_

Would you like to volunteer to work on a committee **yes / no** or be nominated for an office **yes / no**. If so, which one(s)?: \_\_\_\_\_

**Contribution to Community Outreach**  
Community Outreach is a MSHA program that provides modest grants to clients of speech pathologists and audiologists for funding materials or equipment necessary for our clients to reach their potential.

Dues (Full Membership \$75.00))	\$
Dues (Aide/Assistant or Student \$25.00)	\$
Contribution to Community Outreach	\$
<b>TOTAL</b>	\$

**Mail this form and payment to: MSHA; PO Box 1065; Glasgow, MT 59230**