

Montana Speech-Language & Hearing Association

PO Box 215 Miles City, MT 59301 1-406-234-8727

Membership Form

Full Membership (licensed or equivalent) - **\$75**

Aide/Assistant Student Membership - **\$25**

- 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

This 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**

Which one _____

Membership dues year runs from January 1 Through December 31

***A late fee of \$35.00 is assessed to dues mailed after February 15 of the current year**

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 Student \$25.00)	\$
Contribution to Community Outreach	\$
Late Fee * no late fee for new members	\$
Total	\$

Mail form and check to:
MSHA
Box 215
Miles City, MT 59301