

Montana Speech-Language & Hearing Association

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

Membership Form

Full Membership (licensed or equivalent) - **\$75**
Associate Membership (students and aides) - **\$25**

- **PERSONAL INFORMATION**

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____ email _____

- **EMPLOYER INFORMATION**

Employer _____ Phone _____

Address _____

City _____ State _____ Zip _____ email _____

(please circle one)

SLP AUD DUAL AIDE

What is the best way for MSHA to contact you? Phone e-mail Regular mail

Year you first became a MSHA member _____

Membership dues year runs from January 1 Through December 31

Mail form and check to:

**MSHA
Box 215
Miles City, MT 59301**