WSU Student Speech-Language-Hearing Association (WSUSSLHA)

Membership Application Form

Return completed form and payment to WSUSSLHA at one of the following locations:

- Department of Communication Sciences and Disorders – 401 Ahlberg Hall
- Evelyn Hendren Cassat Speech-Language-Hearing Clinic – WSU Hughes Metropolitan Complex (29th St. N. & Oliver), Entrance T
- Mail to: WSUSSLHA, c/o Terese Conrad or Dr. Douglas Parham, Wichita State University, 1845 Fairmount, Wichita, KS 67260-0099

All applications must include payment of the annual membership fee in the amount of $15.00 (or $25.00 for 2 years) in order to be processed. Please make checks payable to WSUSSLHA.

Name ________________________________  WSU ID ____________________

Mailing and Contact Address:
Street ________________________________
City __________________________  State/Country ____________________  Zip+4 ________________
Telephone ____________________________  E-mail _______________________

Permanent Address (if different):
Street ________________________________
City __________________________  State/Country ____________________  Zip+4 ________________

Academic Status:
(circle one)  Freshman  Sophomore  Junior  Senior  Graduate student

What is your area of specialization:  Speech-Language Pathology  Audiology

When do you expect to graduate? __________________________________________

Undergraduates: Are you interested in pursuing your studies in the CSD graduate program at WSU?  □ Yes  □ No

1. Are you interested in volunteering on any WSUSSLHA committees?  □ Yes  □ No

2. Are you interested in becoming an officer of WSUSSLHA?  □ Yes  □ No

3. Are you a member of either of these professional organizations?  □ KSHA  □ NSSLHA  □ Neither one

Signature ____________________________________________  Date ______________

FOR OFFICE USE ONLY:
Date processed ______________  Method of Payment:  Cash ____________  Check # ____________
Membership status: ______ New member  ______ Renewal  ______ Denied (Fee refunded ____________)

8/30/2012