

For Office Use:
Date Received: _____
Check #: _____
Date Deposited: _____
Date Sent to Secretary: _____

North Suburban Speech Language Association 2018-2019 Membership Form

Membership is open to SLPs, Audiologists, and SLP Assistants. All communication from NSSLA is electronic, so please provide an e-mail address which you can access regularly to receive updates. You must include your email address in the place indicated below or you will not receive communications from NSSLA.

Please PRINT all information clearly! **Omitted fields will not be included in the current NSSLA Membership Directory.**

Name: _____

Please Circle: Speech-Language Pathologist Audiologist SLP Assistant

Home Address:
Street: _____

City: _____ State: _____ Zip: _____

Work Address:
Facility Name (if applicable): _____

Street: _____

City: _____ State: _____ Zip: _____

Work Setting (please circle): School Clinic Hospital Private Practice Other: _____

Areas of Specialty (please circle): Accent Modification Aphasia Apraxia Articulation/Phonological Disorders
Assistive Technology Auditory Processing Disorders Aug/Alt Communication Autism Bilingual (Language : _____)
Feeding/Swallowing Fluency Hearing Impaired Language Delay/Disorders Language Learning Disability
Neurogenic Communication Disorders Oral Myofunctional Disorders Traumatic Brain Injury Voice Disorders

Are you interested in being contacted with client referrals (please circle)?: YES NO

If you are interested in referrals, what is the geographic locale of your practice (please list city/town/etc. where you practice)?:

As a service to the membership, NSSLA will list the Name, Work Phone Number, Email Address, Geographic Locale, and Areas of Specialty (all as indicated above and below) of paid members on the "Private Practitioners" page of the [NSSLA Website](#). Please note that this information must be updated annually and you must remain a paid member of NSSLA for your information to remain on the [NSSLA Website](#).

Are you a Speech-Language Pathologist who works in Private Practice and would like the aforementioned information posted on the "Private Practitioners" page of the [NSSLA Website](#) (please circle)?: YES NO

Phone Numbers (please include area code):

Home: _____

Work: _____

Cell: _____

E-Mail Address: _____

While an E-Mail address must be provided in order to receive communication from NSSLA, we recognize that not all members want this information published in the annual NSSLA Membership Directory. Please indicate below if you would like this information published. Please note that if you do not provide an email address, you will NOT receive communication from NSSLA.

I (please circle one) DO / DO NOT want my email address published in the annual [NSSLA Membership Directory](#).

Please Circle:

Are you a member of ASHA? Yes No

Are you a member of ISHA? Yes No

Are you a former member of NSSLA? Yes No

Membership Dues: \$50 Payable to [NSSLA](#) (checks only)
Nonmembers are welcome to attend individual meetings for a \$30 fee per Program

Please mail Membership Form and Check: [Sharon Stein...1451 Cloverdale Avenue, Highland Park, IL 60035](#)

If you have any questions regarding NSSLA, please go to [nssla.org](#) & click "Contact Us".