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