



**SAN ANTONIO SPEECH, HEARING AND LANGUAGE ASSOCIATION 2018-2019
MEMBERSHIP/REGISTRATION FORM**

Please complete form in entirety

Name: _____

 Last First M.I. Credentials

Phone Number: (Home/Cell): _____ Work: _____

Email: _____

Place/Type of Employment: Public School Private Practice Hospital Clinic
LTC/SNF Other: _____

Please Check: _____ Active Member **\$50.00** (includes 6 Fall CEUs and 6 Spring CUEs)

_____ Student (Full Time*) _____ Non Member (Related Field/Parent)

*Free Membership with University Program Director Signature: _____
(Required for student application)

Please return completed form with a check payable to:

**SASHLA
P.O. BOX 1146
Helotes, Texas, 78023**