

**Oklahoma Speech-Language-Hearing Association**  
**MEMBERSHIP APPLICATION/RENEWAL FORM**  
 OSHA • P.O. Box 53074 • Oklahoma City, OK 73152  
 • [oslha@hotmail.com](mailto:oslha@hotmail.com); [www.oslha.org](http://www.oslha.org)

Application                      Renewal                      Convert Student to Full Membership

Name \_\_\_\_\_  
 Note: Please print your preferred mailing address below.  
 Both home and work phones will be listed in the Membership Directory unless otherwise requested.

**DUES ARE NON-REFUNDABLE**  
 Dues are payable by March 31 for inclusion in the OSHA Directory

**Mailing Information:**

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_

*OSHA now sends routine e-mail communication. You must keep a current e-mail address on file to enjoy this member benefit!*

**Check All Applicable Work Settings:**

School	University	Long Term Health Care
Sub Acute Rehab		Skilled Nursing Facility
Clinic	Hospital	Private Office    θ Other

**Check All Applicable Specialty Fields:**

Speech-Language Pathology	Deaf Education
Audiology	Other

**Memberships & Certifications:**

ASHA CCC	Yes	No	
If so:	Speech-Language	Audiology	Dual
Oklahoma Licensure	Yes	No	
If so:	Speech-Language	Audiology	Dual
AAA	ADA	AFT	OAA
OAMSLP	OEA	SPOT	_____
			(other)

**Highest Degree Earned in Field:**

University \_\_\_\_\_  
 Major \_\_\_\_\_  
 Degree \_\_\_\_\_ Date \_\_\_\_\_

**MEMBERSHIP CATEGORY**

**Voting Member**

Master's Degree or Higher.....\$60

*All applicants requesting voting membership must submit a photocopy of one of the following:*

- a. ASHA Certificate of Clinical Competence (CCC)
- b. Oklahoma License from Board of Examiners for Speech Pathology and Audiology
- c. Official University transcript showing master's degree

**Non-Voting Associate**

SLPA, AA, School Based Bachelor Therapist with Standard Certificates, Deaf Educator.....\$55

*All applicants requesting non-voting associate status must submit a photocopy of one of the following:*

- a. Oklahoma License from Board of Examiners for Speech Pathology and Audiology
- b. Current Oklahoma standard teaching certificate
- c. Official transcript showing degree conferred

**Life Member** .....None

**Student Member**

Undergraduate or Graduate.....\$12

All applicants for student membership must complete the following information:

*I certify that the above applicant is a degree-seeking student at*

\_\_\_\_\_

*and has a projected graduation date of* \_\_\_\_\_

\_\_\_\_\_  
*Signature-Dept. Faculty*

\_\_\_\_\_  
*Date*

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Check here if you would like to send an additional \$2 to be donated to the OSHA Scholarship Fund. The purpose of the fund is to award a scholarship to a student pursuing graduate studies in speech pathology and/or audiology.

Check here if you would like to send an additional \$2 to be donated to the OSHA Governmental Regulations Committee to fund legislative lobbying efforts.

**Optional Information:** Completing the following information will help the Association to evaluate needs and expand its multicultural services. This section is completely voluntary.

**Date of Birth** \_\_\_\_\_

**Ethnic Background:**

Caucasian	African-American	Hispanic-American
Asian American	Middle-Eastern	Native American

List any language, other than English, that you speak or sign fluently: \_\_\_\_\_

In this language, do you:    read fluently    write fluently  
   evaluate and treat patients

**ALL APPLICANTS READ AND SIGN THE FOLLOWING:**

*I am \_\_\_\_\_ am not \_\_\_\_\_ providing clinical services\* to the public in speech-language pathology and/or audiology.*

\*Clinical services are defined in the Membership Requirements document.

Students providing clinical services as a part of supervised practicum, check "am not" in the designated area above.

*Refunds for on-line conference registration will be issued for requests before, or up to 48 hours after, the scheduled conference date. Refunds will be issued by OSHA check in the amount of the registration fee less a \$4.00 handling charge.*

*I have read and agree to abide by the Code of Ethics of the Oklahoma Speech-Language-Hearing Association (copy available upon request).*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
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**Mail completed application with your payment and documentation as follows:**

Membership Chair  
Oklahoma Speech-Language-Hearing Association  
PO Box 53074  
Oklahoma City, OK 73152  
Visit our website: [www.oslha.org](http://www.oslha.org)