

# CSHA Membership Directory Form

Do you want to be included in the **Public Website Directory**?

YES  NO

If YES please complete as much of the following information as you want included.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Members will be listed by Speciality on the Public Directory so consumers can search by speciality. Please indicate your speciality(ies) by checking one or more of the boxes below.

<u>AAC</u>	
<u>Acquired</u>	
<u>Apraxia</u>	
<u>Articulation/Phonology</u>	
<u>Audiology</u>	
<u>Auditory Processing</u>	
<u>Autism</u>	
<u>Early Childhood</u>	
<u>Fluency</u>	
<u>Language</u>	
<u>LSVT</u>	
<u>Orofacial</u>	
<u>Swallowing</u>	
<u>Voice</u>	
<u>Other</u>	

Do you want to be included in the **Members Only Directory**?

YES  NO

If yes please update the following information for the **Members Only Directory**.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

You will receive an email forwarding you to a PDF file of the NEWSLETTER. If you do not have access to the Internet and need to have future CSHA NEWSLETTERS mailed to you check here \_\_\_\_\_.