



**National Student Speech Language Hearing Association
Governors State University Chapter – Membership Application**

Name: _____ **Student ID Number:** _____

Address: _____

_____ City State Zip

Phone: (____) _____ - _____ (____) _____ - _____
Home Cell

Email: _____

Expected Term/Year of Graduation: _____

Please check any items that apply:

_____ Undergraduate Student _____ Graduate Student _____ Graduate Practicum Student
_____ National NSSLHA Member _____ ISHA Member

Please check any of the events/projects that you would like to participate in:

_____ Educational Workshops _____ GSU NSSLHA Picnic
_____ Panel Discussions _____ Better Speech & Hearing Month
_____ Volunteer Opportunities _____ Other _____

Please indicate the best time for you to attend NSSLHA Events:

_____ 11:30a.m. – 12:30p.m. _____ 3:30p.m. – 4:30p.m.
____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ Saturday

Please Note: Membership Dues for GSU NSSLHA Chapter are \$10 annually

Signature: _____ **Date:** _____

OFFICE USE ONLY

____ New Member ____ Cash ____ Added to Contact List
Date: _____ Initials: _____
____ Renewal ____ Check ____ Welcome Letter Sent
Date: _____ Initials: _____
____ Renewal Letter Sent
Date: _____ Initials: _____