



# 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    \_\_\_\_\_ GovState 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 GovState NSSLHA Chapter are \$10 per year**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICE USE ONLY</b>		
_____ New Member	_____ Cash	_____ Added to Contact List Date: _____ Initials: _____
_____ Renewal	_____ Check	_____ Welcome Letter Sent Date: _____ Initials: _____
		_____ Renewal Letter Sent Date: _____ Initials: _____