

**Union County Speech, Language and Hearing Association  
Membership Application  
August 1, 2019 to July 31, 2020**

**Name:**

**Home Address:**

**Home Telephone Number:**

**E-mail Address:**

**Professional Title:**

**Place of Employment:**

**Cell Phone Number:**

**New Jersey Status (Check All That Apply):**

- New Jersey State License SLP
- New Jersey Speech Correctionist Certificate
- New Jersey Speech / Language Specialist Certificate
- New Jersey Licensed Audiologist
- New Jersey Licensed Hearing Aid Dispenser

**UCSHA Membership Dues:**

- Regular Membership - \$25.00 (Postmarked **before** October 15, 2017)
- Regular Membership - \$30.00 (Postmarked **after** October 15, 2017)

**We are always looking for presenters for our meetings.**

**Do you know of anyone who would be interested in speaking to our membership?**

**Please Make Checks Payable To: UCSHA**

**Please Return This Application Form With Payment To:**

**Carol Zimmerman  
23 Glenwood Road  
Fanwood, NJ 07023**

**Visit our website [www.ucsha.org](http://www.ucsha.org) for updates and information on upcoming programs!**