

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, 2019)
- Regular Membership - \$30.00 (Postmarked **after** October 15, 2019)

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:

Susan Van Hook
52 Countryside Drive
Basking Ridge, NJ 07920

Visit our website www.ucsha.org for updates and information on upcoming programs!