

Oklahoma Speech-Language-Hearing Association
MEMBERSHIP APPLICATION/RENEWAL FORM
OSHA • P.O. Box 53074 • Oklahoma City, OK 73152
• oslha@hotmail.com; www.oslha.org

Check here if you would like to send an additional \$2 to be donated to the OSHA Scholarship Fund. The purpose of the fund is to award a scholarship to a student pursuing graduate studies in speech pathology and/or audiology.

Check here if you would like to send an additional \$2 to be donated to the OSHA Governmental Regulations Committee to fund legislative lobbying efforts.

Mail completed application with your payment and documentation as follows:

Membership Chair
Oklahoma Speech-Language-Hearing Association
PO Box 53074
Oklahoma City, OK 73152
Visit our website:
www.oslha.org

Optional Information: Completing the following information will help the Association to evaluate needs and expand its multicultural services. This section is completely voluntary.

Date of Birth _____

Ethnic Background:

- Caucasian African-American Hispanic-American
 Asian American Middle-Eastern Native American

List any language, other than English, that you speak or sign fluently: _____

In this language, do you: read fluently write fluently
 evaluate and treat patients

ALL APPLICANTS READ AND SIGN THE FOLLOWING:

I am _____am not _____providing clinical services to the public in speech-language pathology and/or audiology.*

*Clinical services are defined in the Membership Requirements document.

Students providing clinical services as a part of supervised practicum, check "am not" in the designated area above.

I have read and agree to abide by the Code of Ethics of the Oklahoma Speech-Language-Hearing Association (copy available upon request).

Signature

Date