

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.

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.

Refunds for on-line conference registration will be issued for requests before, or up to 48 hours after, the scheduled conference date. Refunds will be issued by OSHA check in the amount of the registration fee less a \$4.00 handling charge.

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

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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