

2021 Membership Dues Renewal Notice

- **Renew membership online at:** *Log-in at <https://lisha.org/log-in/> go to the "Membership Dashboard" tab at the top left corner of website, click and scroll down to renew and update your information.*
- **Renew membership through mail:** *Please correct any errors and complete blank items on both sides of this form. Sign on the back & return this form (even if no changes were made) and return with a check Payable to LISHA, PO Box 133, Mastic Beach, NY 11951.*

Regular Member \$50

Student Member \$25

Membership year runs January 1st through December 31st and will not be pro-rated.

Name:		Membership Number:		
Address:				
Primary Phone:		Cell Phone:		
E-Mail:				
Place of Employment:		Title:		
Work Phone:		Work E-Mail:		
College:		Degree:	Year:	
Primary Work Setting:				
NYS License#:		Speech License#:		Audiology License#:
ASHA#:		AAA#:		NYS Hearing Aid Dispenser#:
Speech Certified: (Y/N)	Audiology Certified: (Y/N)	TSHH: (Y/N)	TSSLD: (Y/N)	TOD: (Y/N)
NYSSLHA Member (Y/N)				

The Long Island Speech-Language-Hearing Association (LISHA), founded in 1953, is a professional not-for-profit organization of over 1100 Speech-Language Pathologists and Audiologists. The Association:

- Provides educational and professional programs in the field of communication development and disorders
- Promotes and maintains the highest professional and ethical standards within the profession
- Offers a network of local professionals as a means of support
- Supports research and improved educational standards
- Encourages leadership roles and involvement within the organization and statewide associations
- Advocates for the profession and also for individuals with communication disorders
- Awards scholarships to graduate students in the field
- Honors local organizations and treatment facilities

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Student Member \$25

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- a. **Regular Members:** Shall be persons educated in speech science, speech-language and hearing rehabilitation and/or audiology, who meet one of the following professional standards:

(Please complete all items and sign this form).

1. New York State License as a Speech-Language Pathologist or Audiologist.
2. New York State Department of Education Certification as a Teacher of the Speech and Hearing Handicapped (TSHH) or Teacher of Students with Speech-Language Disabilities (TSSLD) and must hold a degree in Speech-Language Pathology and/or Audiology.
3. Clinical Certification by the American Speech-Language-Hearing Association and/or Fellow of the American Academy of Audiology.

- b. **Student Members:**

1. Must be undergraduates who have completed a minimum of nine (9) semester hours in speech-language pathology, audiology, or speech-language and hearing sciences, or matriculated towards a graduate degree in speech-language pathology, audiology, or speech-language and hearing sciences. Individuals who are qualified to become a member in any other member classification may not henceforth qualify as a Student Member. ***(Please complete all applicable items and sign this form)***

2. Please have the Program Director sign this statement:

I verify that the student applicant is an undergraduate or graduate student, matriculating towards a Communication Sciences and/or Speech-Language Pathology and/or Audiology degree in our program.

Program Director and School: _____ **Date:** _____

****ALL MEMBERS MUST SIGN THE FOLLOWING****

*I agree to abide by the Code of Ethics and Constitution of the Long Island Speech-Language-Hearing Association and I acknowledge that all editions of the **LISHA Directory** (previous and current) are **confidential lists** of the Members of our Organization to be utilized by LISHA members solely as a resource of information to locate colleagues. **Directories are not to be used as a mailing list** for the intent and purpose of personal and/or professional financial gain, by our members, agencies, business partners or affiliated institutions without the written consent of the current LISHA Executive **Board**. Furthermore, I understand that **misuse of the LISHA Directories will result in the immediate termination of my LISHA Membership and all its privileges for the current year**. Annual Dues will **not** be refunded. A penalty of \$250 for an unauthorized use will be enforced for agencies, business partners or affiliated institutions and any additional unauthorized use may be subject to a \$500 penalty.*

Signature of Applicant: _____ **Date:** _____