

2024 Membership Dues

- **Membership online at:** *Log-in at <https://lisha.org/log-in/> after logging in, go to the "Membership Dashboard" under members tab at the top of the website, click and scroll down to renew and **update your information**.*
- **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) | | | | |

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.

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 (<https://lisha.org/code-of-ethics-2>) and Constitution of the Long Island Speech-Language-Hearing Association. (<https://lisha.org/lisha-constitution>)

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