

# Speech-Language-Hearing Association of Western New York (SHAWNY)

## 2023 Membership Form

Courtesy Title and Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, and Zip \_\_\_\_\_

Telephone Home \_\_\_\_\_ Business \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_  
Please check here if your mailing or e-mail address has changed. We want to make sure our SHAWNY Listserv communications and CEU opportunities reach you.

Primary employment setting:  School  Hospital  Agency  University/Lab  Private Practice

Employer \_\_\_\_\_

Professional Title \_\_\_\_\_

Please check all that apply:

Member of: ASHA  CCC/SLP  CCC-A  NYSSLHA  Other \_\_\_\_\_

NYS Licensure: Speech Pathology \_\_\_\_\_ Audiology \_\_\_\_\_

NYS Teacher Certification \_\_\_\_\_ Other \_\_\_\_\_

Please list any speakers or topics that you would be interested in for future workshops:

\_\_\_\_\_

### For Students

Anticipated Graduation Date \_\_\_\_\_ College/University \_\_\_\_\_

Undergraduate  Graduate  Audiology  Speech-Language Pathology

I hereby affirm that I am a full time student (minimum) 12 hours and authorize verification of my student status from my departmental chair.

Signature of Dept. Chair \_\_\_\_\_ Date \_\_\_\_\_

### For Everyone (please check appropriate line)

Membership lasts from January to December, the same cycle as NYSSLHA and ASHA. Unlike NYSSLHA and ASHA, SHAWNY has an **early bird** special for renewing and new members paying early and **regular** rates for renewing or new members paying later.

#### Early Bird – If you are a new, lapsed, or renewing member and paying 2023 dues before 11/15/2022

New/Renewing Member (\$30)  1 yr. post grad/Clinical Fellow (\$15)  
 Related Professional/Associate (\$15)  Student Member (\$15)

#### Regular– If you are a new or renewing member and paying 2023 dues after 11/15/2022

New/Renewing Member (\$35)  1 yr. post grad/Clinical Fellow (\$20)  
 Related Professional/Associate (\$20)  Student Member (\$20)

I would also like to contribute \$ \_\_\_\_\_ to the SHAWNY scholarship fund. (\$100.00 – JOIN THE 100 Club)

Total enclosed \$ \_\_\_\_\_

Send completed membership form and check made payable to **SHAWNY** to:

Kimberly Nelson, SHAWNY Treasurer, 168 Duffy Dr. Tonawanda NY 14150

Please e-mail Melissa Hooper, membership chair, with any questions about membership status:

melissa.hooper@fredonia.edu

Office use only: Date rec'd \_\_\_\_\_ amt. \_\_\_\_\_ check # \_\_\_\_\_ input on db \_\_\_\_\_