NEW MEMBER APPLICATION

Name: _____

Address: _____

_____

City, State, ZIP: _____

E-mail: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Current Employer: _____

Title: _____

Work Setting: ☐ Public School ☐ Hospital/Rehab Center ☐ Acute Care/Rehab
☐ Long Term Care ☐ Private Practice ☐ Retired
☐ Student ☐ ENT/Medical Practice

I would like to receive my SHAV-A-GRAM by email: ☐ Yes ☐ No
I would like to be on the SHAV Listserv: ☐ Yes ☐ No

Certifications/Licensures/Affiliations

Highest Degree Earned: ☐ Bachelors ☐ Masters ☐ Doctorate

CCC: ☐ SLP ☐ AUD

VA License: ☐ SLP ☐ AUD ☐ Hearing Aid Specialist

VA Dept of Ed. Certification: ☐ Yes ☐ No

Licensed by Other State _____

I would like to be added to the Professional Referral Directory: ☐ Yes ☐ No

Professional Information

Please check (or enter) the organizations in which you are a member:

☐ AAA ☐ ASHA ☐ ADA

STUDENT VERIFICATION

☐ Undergraduate ☐ Graduate ☐ Part-Time ☐ Full-Time

_____
University

X _____
Authorizing Professor Date

SHAV membership dues are not deductible as a charitable contribution for U.S. federal income tax purposes, but may be deductible as a business expense. SHAV estimates that 33% of your dues are not deductible because of SHAV's lobbying activities on behalf of its members..

SHAV FED. TAX #23-7403298

Membership Year:
January 1, 2017 - December 31, 2017

Dues include an automatic $5 contribution to SHAV-PAC.

☐ **Voting $80.00**
Master's Degree or higher

☐ **Associate $72.50**
Bachelor's Degree Only (Non-voting)

☐ **Joint $65.00**
Must provide proof of another state audiology or speech membership.

☐ **Student $22.50**
Provide School Verification (does not include PAC)

☐ **Commercial $112.50**
Businesses and institutions (does not include PAC)

☐ **No PAC Contribution**
Deduct $5 from the above annual dues

☐ **CDF Donation** $ _____

TOTAL PAYMENT $ _____

PAYMENT OPTIONS

Renew Online - Visit www.shav.org and log in to your account to pay online with a credit card.

Mail/Fax - Complete this form and mail/fax it to the SHAV Office with your method of payment.

☐ Check (payable to SHAV)
☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

_____
Signature

CREDIT CARD ACCOUNT NUMBER

EXPIRATION DATE

SPEECH LANGUAGE-HEARING ASSOCIATION OF VIRGINIA
3126 W. Cary Street #436 · Richmond, Virginia 23221-3504 · Fax 888-729-3489

QUESTIONS?? Call: 888-729-7428 or Email: shavoffice@shav.org