SHAV

SPEECH-LANGUAGE-HEARING ASSOCIATION OF VIRGINIA

SHAV MEMBERSHIP APPLICATION

Name: _____

Address: _____

_____

City, State, ZIP: _____

E-mail: _____

Home Phone: _____

Work Phone: _____ Fax: _____

Current Employer: _____

Title: _____

Work Setting: ☐ Public School ☐ Hospital ☐ Acute Care ☐ Rehab
☐ Private Practice ☐ Retired ☐ Student

Certifications/Licensures/Affiliations

Highest Degree Earned: ☐ Bachelors ☐ Masters ☐ Doctorate

Licensed: ☐ Yes ☐ No

CCC: ☐ SLP ☐ AUD

VA License: ☐ SLP ☐ AUD ☐ Hearing Aid Dealer

VA Dept of Ed. Certification: ☐ Yes ☐ No

National Certification Related Field (describe) _____

Licensed by Other State _____

Another State Assoc.: _____

For income tax purposes, the deductibility of payments to SHAV for dues and contributions is subject to restrictions imposed as a result of SHAV's lobbying activities. The non-deductible portion of your dues, the portion of which is allocable to lobbying is 5%.

SHAV FED. TAX #23-7403298

Membership Year:
January 1 - December 31

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

☐ Voting.....$80.00
Master's Degree or Equivalent

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

☐ Joint.....$65.00
Must send proof of another state's association

☐ Student.....$27.50
Provide School Verification

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

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

TOTAL PAYMENT $ _____

STUDENT VERIFICATION

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

_____
University

X _____
Authorizing Professor Date

METHOD OF PAYMENT

Make check payable to "SHAV" or check your choice of credit card and complete account information.

☐ Check
☐ Visa
☐ MasterCard

EXPIRATION DATE

CREDIT CARD ACCOUNT NUMBER

X _____
Signature

MAIL OR FAX FORM TO:
3126 W. Cary Street #436 · Richmond, Virginia 23221-3504 · Fax 888-729-3489

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