

TENNESSEE ASSOCIATION OF AUDIOLOGISTS & SPEECH-LANGUAGE PATHOLOGISTS

Member Application

Thank you for your participation in the Tennessee Association of Audiologists and Speech-Language Pathologists! **Your membership runs for a one year period from the date of application.** Your TAASLP dues support important programs which serve the public and the profession. **Please supply the following information which will be used for TAASLP membership records, members email list and member directory.**

Name _____ License Number _____

Degree, Certification and/or licensure designation(s) following your name _____

Clinical Areas / Interventions you specialize in _____

Membership Designation: ___ Audiology ___ Speech - Language Pathology ___ Student ___ Associate

Business: Employer/Affiliation _____

Setting Type (circle all) – Healthcare School Private Practice University Clinic Other (specify) _____

Age groups you treat (circle all) - 0 – 5 Years School Age Adolescents Adults Geriatrics

Business Address _____
Address City State ZIP

Phone ____/____/____ Fax ____/____/____ *E-Mail _____

Residence: Address _____
Address City State ZIP

Phone ____/____/____ *Email _____ (required to receive newsletter)

Which is your preferred mailing address? ___ Business ___ Residence

Membership Dues (*Dues are not tax deductible*)

Dues Amount \$ _____

TAASLP	\$ 85	
TAASLP/TAA	\$ 105	
Student	\$ 15	Academic Institution _____
SLP Assistant	\$ 50	Est Grad Date _____
Student conversion*	\$ 50	

Would you consider a contribution to:

TAASLP Foundation \$ _____

TOTAL AMOUNT DUE \$ _____

*Conversion rate is available to students the year following graduation if a member of TAASLP or other state association the year prior to graduation.

Method of Payment: ___ Check
 Credit Card: ___ VISA ___ MasterCard # _____ Exp. Date _____

Signature _____
Required if paying by credit card

Did a current member of TAASLP refer you to us? If so, we'd like to know who! _____

Would you like to become more active in TAASLP? We need you! Please indicate area(s) of interest where you would be willing to serve. Please indicate your order of preference by numbering the choices. Thank you!

___ Board Member ___ Convention ___ Membership ___ Continuing Education ___ School Affairs
 ___ Communications ___ Professional/Consumer Relations ___ Legislation ___ Political Action Committee (PAC)
 ___ Speaker's Bureau: Topic(s) _____

Dues paid by credit card may also be faxed: FAX 615-936-5013

Or return the completed form with your payment to:

**TAASLP
 PO Box 331307
 Nashville, TN 37203**