

Speech-Language-Hearing Association of Virginia PO Box 2039, Mission KS, 66201 shavoffice@shav.org

NEW MEMBER APPLICATION

| Name: | 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 68% of your dues are not deductible because of SHAV's lobbying activities on behalf of its members. |
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| | SHAV FED. TAX #23-7403298 |
| City, State, ZIP: | Membership Year: January 1 - December 31 |
| E-mail: | Dues include an automatic \$5 contribution to SHAV-PAC. |
| Home Phone:Cell Phone: | □ Voting\$80.00 Master's Degree or higher |
| Work Phone: | ☐ Recent GraduateFREE |
| Current Employer: | Completed a graduate program within the last year. |
| Title: | ☐ Associate\$72.50 Bachelor's Degree Only (Non-voting) |
| Work Setting: ☐ Public School ☐ Hospital/Rehab Center ☐ Acute Care/Rehab ☐ Long Term Care ☐ Private Practice ☐ Retired ☐ Student ☐ ENT/Medical Practice | ☐ Joint |
| I would like to be on the SHAV Listsery: ☐ Yes ☐ No | ☐ Student\$22.50 |
| Are you certified to be an audiology or SLP supervisor? ☐ Yes ☐ No (If yes, please check which area) ☐ Aud ☐ SLP | ☐ Commercial\$112.50 Businesses and institutions (does not include PAC) |
| How long have you been a supervisor? □ 0-3 years □ 4-9 years □ 10+years | ☐ No PAC Contribution Deduct \$5 from the above annual dues |
| Certifications/Licensures/Affiliations | □ CDF Donation \$ |
| Highest Degree Earned: ☐ Bachelors ☐ Masters ☐ Doctorate | □ PAC Donation \$ |
| CCC: ☐ SLP ☐ AUD ☐ SLP/AUD ☐ Other | ☐ SHAV Bucks Referral |
| VA License: ☐ SLP ☐ AUD ☐ Hearing Aid Specialist | Members can receive \$10 in SHAV Bucks when they recruit a new voting, associate or joint member and \$5 in SHAV Bucks when they |
| VA Dept of Ed. Certification: ☐ Yes ☐ No | recruit a new student member. Referring members must be current |
| Licensed by Other State | and fully paid for at least one year at the time of the referral. SHAV Bucks must be redeemed by the expiration date (December 2022) and can be used for Membership, Convention or Workshops. |
| I would like to be added to the Professional Referral Directory: | TOTAL PAYMENT \$ |
| Duefeesianal Information | |
| Professional Information Please check (or enter) the organizations in which you are a member: | PAYMENT OPTIONS |
| □ AAA □ ASHA □ ADA | Renew Online - Visit <u>www.shav.org</u> and log in to your account to pay online with a credit card. |
| STUDENT MEMBER INFORMATION | Mail/Fax - Complete this form and mail/fax it to the SHAV |
| ☐ Undergraduate ☐ Graduate ☐ Part-Time ☐ Full-Time | Office with your method of payment. |
| University: | ☐ Check (payable to SHAV) ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express |
| WANT TO GET INVOLVED? | Signature |
| Serving on a committee is a great way to show your support! Advocacy Committee Conference Committee | CREDIT CARD ACCOUNT NUMBER |
| ☐ Audiology Committee ☐ Honors Committee | |
| ☐ Communications Committee ☐ Mentorship Committee | EXPIRATION DATE |