

**L'GASP (GLBT Caucus of ASHA)
Membership Form**

Name: _____

E-mail Address: _____

Address (work or home): _____

Phone # (_____) _____

Please send correspondence via email only (no snail mail-- reduces administrative costs! Strongly encouraged)

(check 1) **Regular Member** (AUD,SLP, faculty, student, or related)

Associate Member (friends, supporters, partners, etc)

(check 1) Keep my name OFF any internal roster, but send me any mailings in a confidential envelope/manner.

Keep my name ON the internal membership roster. I understand this is shared ONLY within L'GASP

-----Optional questionnaire-----

Were you a member of L'GASP previously? ___ Yes ___ No

What is your certification? _____ SLP _____ Aud _____ neither

Are you a: _____ student _____ M.A./M.S. _____ Ph.D/AuD?

Where do you work? _____ schools _____ health care

_____ private practice _____ university _____ other _____

How long have you worked in this setting? _____

How comfortable are you with "being yourself" at work among co-workers?

Rate this on a scale of 1- 10 below

1 2 3 4 5 6 7 8 9 10
I share NOTHING I share EVERYTHING

Do you face workplace discrimination or harassment? ___ Yes ___ No

Describe if you feel comfortable doing so: (please use the back as needed)

Return this form with dues (\$15 per year) to:

L'GASP

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