



AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

## **APPLICATION FOR MEMBERSHIP WITHOUT CERTIFICATION**

About the American Speech-Language-Hearing Association (ASHA)

ASHA Membership

Application for Membership Without Certification

Dues and Fees Schedule

### **American Speech-Language-Hearing Association**

P.O. Box 1160

Mail Stop 455

Rockville, MD 20849-3289

(301) 296-5700

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E-mail: [joinasha@asha.org](mailto:joinasha@asha.org)

[www.asha.org](http://www.asha.org)



AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

## ABOUT THE AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

### AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

The American Speech-Language-Hearing Association is the professional, scientific, and credentialing association for more than 182,000 members and affiliates who are audiologists, speech-language pathologists, and speech, language, and hearing scientists, as well as support personnel and student members in the United States and internationally.

### ASHA's VISION

Making effective communication, a human right, accessible and achievable for all.

### ASHA's MISSION

- Empowering and supporting audiologists, speech-language pathologists, and speech, language, and hearing scientists by:
- Advocating on behalf of persons with communication and related disorders
- Advancing communication science
- Promoting effective human communication

### MEMBERSHIP

ASHA is recognized nationally as an organization that maintains high standards of ethical conduct and professionalism, monitors and participates in the development and implementation of health care reform proposals and programs at the federal and state levels, and offers its members benefits and services that cannot be obtained elsewhere. Members of the Association must abide by [ASHA's Code of Ethics](#).

### MEMBERSHIP CATEGORIES

**Membership without certification**, as stated in [ASHA Bylaws, 3.1. Eligibility](#), is open to individuals who are not involved in providing clinical services<sup>1</sup> or in supervising students and/or clinical fellows and who hold either (1) a graduate degree with major emphasis in speech-language pathology, audiology, or speech, language, or hearing science or (2) a graduate degree and present evidence of active research, interest, and performance in the field of human communication. Members without Certification must reside in the United States and are afforded the full [benefits of membership](#).

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<sup>1</sup> The term clinical services is defined as evaluation and treatment of persons with speech-language and/or hearing impairments, whether such services are provided in elementary or secondary schools, in private practice, or in free-standing community clinics, rehabilitation centers, hospitals, nursing homes, or other facilities.

## BENEFITS OF MEMBERSHIP

### [The ASHA Leader and Journals](#)

**Stay Connected**—All members receive *The ASHA Leader* and unlimited access to all four of ASHA's online journals—the *American Journal of Audiology: A Journal of Clinical Practice*; *American Journal of Speech-Language Pathology: A Journal of Clinical Practice*; *Journal of Speech, Language, and Hearing Research*; or *Language, Speech, and Hearing Services in Schools*.

### **Technical Assistance**

**Get Help**—The ASHA Technical Assistance Team provides one-on-one, members-only consultation (as appropriate) via phone, e-mail, and the web. ASHA Technical Assistance covers all audiology and speech-language pathology areas, including policy, practices, health care, schools, industry, and private practice.

### [Continuing Education](#)

**Professional Development: Stay Current**—ASHA offers convenient self-study products, educational programs, and over 1,400 opportunities to obtain continuing education units at the national convention. Deep discounts on continuing education products and services are an exclusive member benefit, and the CE Registry keeps track of your courses and hours for you.

### [Product and Service Discounts](#)

**Save on Resources**—ASHA has hundreds of products tailored to the unique needs of members and certificate holders. Members earn discounts from 20% to 50% off regular prices for publications, reference texts, consumer assistance materials, and more.

### [www.asha.org](http://www.asha.org)

**Access Anytime**—ASHA's award winning website is the largest online resource for audiologists and speech-language pathologists. As an ASHA member, you have password-protected access to members-only content, including:

- member communities
- journals
- research
- legislative updates

### [Convention Discounts](#)

**Network**—The ASHA Convention brings together thousands of members, educators, and exhibitors annually. Members are offered discounts on all convention services, including registration, short courses, institutes, products, and seminars. In addition to the Convention, ASHA sponsors conferences for [Audiology, Health Care, and Schools](#) professionals.

## **Member Affinity Benefits**

### **Insurance**

- [Mercer Consumer](#)—Life, Long Term Care, Pet, Disability, Dental, and Professional Liability Insurance. Call 866-795-9340.
- [GEICO](#)—Car Insurance, save as much as 8% off GEICO's already low prices. Visit [geico.com](http://geico.com) or call 800-368-2734 for a free quote.

### **Auto Purchase/Lease Program**

- [Subaru VIP Program](#)—Call ASHA at 800-498-2071 to find out how members may save more than \$3,000 off the MSRP on any new Subaru, whether leasing or purchasing. Terms and conditions apply.

### **Discounts**

- [ASHA's Lifestyle marketplace](#) has significant discounts for things you love to do...at work or at play! These include discounts on hotels, rental cars, office products, and lots of other interesting things. We also have seasonal special offers from our partners to make your savings go even farther.

### **Health and Wellness**

- [RxCut® Plus prescription savings card](#)—The FREE RxCut® Plus prescription savings card provides cardholders access to the absolute lowest price on their generic prescriptions; whether it's the RxCut® Plus discounted price, your insurance copayment, or the pharmacy cash price.
- [Life Line Screening](#) offers exclusive discounts on preventive health screenings for members and their families. Members, family members, and friends may call 866-579-5074 to schedule a screening, or they can visit [Life Line Screening](#) to search for screenings in their area and schedule an appointment.

## **More Opportunities**

### **Get specific:** [Special Interest Groups](#)

ASHA Special Interest Groups enable you to focus on any of 19 specific issues or specialties and to network with a smaller group of your colleagues focused on the same priorities as you.

### **Get local:** [State Associations](#)

ASHA's state associations give you a terrific opportunity to get plugged into what is going on in your state.

## **We're Listening**

This quick reference highlights only a portion of the many benefits of ASHA membership. Please visit [www.asha.org](http://www.asha.org) for more details. If you have questions, please contact the Action Center at 800-498-2071 or via e-mail at [memberbenefits@asha.org](mailto:memberbenefits@asha.org).

# AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

P.O. Box 1160, Mail Stop 455, Rockville, MD 20849-3289

## APPLICATION FOR MEMBERSHIP WITHOUT CERTIFICATION

(Member Only)

Please submit with your completed application, an official graduate transcript verifying your degree.

### I. MEMBER PROFILE

#### (1) Personal Information

Name  Dr. \_\_\_\_\_  
 Miss \_\_\_\_\_ first middle maiden last  
 Ms. Address \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
 Mr. \_\_\_\_\_ City State Zip Code

E-mail Address \_\_\_\_\_  
Phone number (c) \_\_\_\_\_ (h) \_\_\_\_\_

My present affiliation with ASHA is  
 Certificate Holder  
 Certified Member  
 Member  
 NSSLHA Member/Account # \_\_\_\_\_  
 None

I am a former ASHA member/Account # \_\_\_\_\_  
 Yes  No

I am a former ASHA certification holder/Account # \_\_\_\_\_  
 Yes  No

I am a former applicant for ASHA membership and/or certification  
 Yes  No

#### (2) Professional Profile

Are you currently employed?  Yes  No

Position/Title \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_  
City State Zip Code

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Describe Duties \_\_\_\_\_

#### (3) Educational Profile

Institution	Education Began		Education Completed		Major	Date Degree Awarded	Degree
	Mo.	Yr.	Mo.	Yr.			

#### (4) Demographic Profile

Which of the following best describes your ethnicity? (please check one):

Hispanic or Latino  Not Hispanic or Latino

Which of the following best describes your race? Choose all that apply.

American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  White  
 Asian  Black or African American

## II. APPLICATION FOR ASHA MEMBERSHIP

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Applicant's Full Name

(Print or Type)

Membership without Certification, as stated in ASHA Bylaws, 3.1. Eligibility, is open to individuals who are not involved in providing clinical services<sup>1</sup> or in supervising students and/or clinical fellows and who hold either (1) a graduate degree with major emphasis in speech-language pathology, audiology, or speech, language, or hearing science or (2) a graduate degree and present evidence of active research, interest, and performance in the field of human communication. Members without Certification must reside in the United States and are afforded the full benefits of membership.

- A. I affirm that all of the information provided on this application is true and accurate and fully responsive to the questions asked.
- B. I have read and agree to abide by the Code of Ethics of the American Speech-Language-Hearing Association (ASHA).
- C. I agree to abide by all terms required to maintain my membership with ASHA.

You are required to submit, with your application, an official graduate transcript verifying your degree. Please indicate:

- I have enclosed my graduate transcript.
- I have requested my graduate transcript from my University.

Affidavit

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you wish to obtain certification, please contact the Action Center (800-498-2071), or visit [www.asha.org](http://www.asha.org).

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<sup>1</sup> The term clinical services is defined as evaluation and treatment of persons with speech-language and/or hearing impairments, whether such services are provided in elementary or secondary schools, in private practice, or in free-standing community clinics, rehabilitation centers, hospitals, nursing homes, or other facilities.

**American Speech-Language-Hearing Association**  
**P.O. Box 1160 #455**  
**Rockville, MD 20849**

**CHARGE INFORMATION FORM**

Please note:

- ASHA accepts MasterCard, VISA, or Discover charge cards.
- ASHA's International Affiliate and Membership without Certification programs are based on a calendar year. Applications received between September 1 and December 31 will be processed for the current year but will include membership through the following year.
- Please submit payment in full, U.S. funds only, with your application.
- The maintenance of your membership is dependent upon payment of your annual dues and fees.
- If you have questions about your affiliation/membership, please contact the ASHA Action Center at 800-498-2071.

Category of Application	Amount
<b>International Affiliate.</b> Open to individuals who reside abroad and who are not exclusively citizens of the United States. Dual citizens may also become International Affiliates as long as they reside outside of the United States.	\$90
<b>Membership without Certification,</b> as stated in ASHA Bylaws, 3.1. Eligibility, is open to individuals who are not involved in providing clinical services <sup>1</sup> or in supervising students and/or clinical fellows and who hold either (1) a graduate degree with major emphasis in speech-language pathology, audiology, or speech, language, or hearing science or (2) a graduate degree and present evidence of active research, interest, and performance in the field of human communication. Members without Certification must reside in the United States and are afforded the full benefits of membership.	\$114

**\*All Dues/Fees Payments are Non-Refundable**

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***Yes, I want to join a SIG. Check the special interest group(s) you wish to join:***

- 1. Language Learning and Education
- 2. Neurogenic Communication Disorders
- 3. Voice and Voice Disorders
- 4. Fluency and Fluency Disorders
- 5. Craniofacial and Velopharyngeal Disorders
- 6. Hearing and Hearing Disorders: Research and Diagnostics
- 7. Aural Rehabilitation and Its Instrumentation
- 8. Audiology and Public Health
- 9. Hearing and Hearing Disorders in Childhood
- 10. Issues in Higher Education
- 11. Administration and Supervision
- 12. Augmentative and Alternative Communication
- 13. Swallowing and Swallowing Disorders (Dysphagia)
- 14. Cultural and Linguistic Diversity
- 15. Gerontology
- 16. School-Based Issues
- 17. Global Issues in Communication Sciences and Related Disorders
- 18. Telepractice
- 19. Speech Science

To learn more about each SIG, please refer to [www.asha.org/SIG](http://www.asha.org/SIG).

*NOTE: Membership is on a calendar year basis. Those joining after August 31 will be affiliates for the succeeding calendar year, but will be eligible for discounts at select Convention-related events for both years.*

### **Fees**

Affiliate \_\_\_\_\_ \$35 ASHA Member, ASHA International Affiliate, ASHA Associate

**Total:** \$ \_\_\_\_\_ *Multiply the fee by the number of SIGs you wish to join.*



**PAYMENT FORM**

\_\_\_\_\_  
Name of Applicant (Please print or type)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone (Cell) (Work) (Home)

\_\_\_\_\_  
E-mail Address

**I wish to pay by:**     **MasterCard**     **VISA**     **Discover**

\_\_\_\_\_  
Account Number Expiration Date

\_\_\_\_\_  
Name of Cardholder (as it appears on card)

I would like to join a Special Interest Group(s) (optional) \_\_\_\_\_ x \$35 each = \$ \_\_\_\_\_ (list on previous page)

Amount of Payment \$ \_\_\_\_\_  
(Please indicate amount you are authorizing to be charged.)

\_\_\_\_\_  
Signature of Cardholder Date