
Central New York Speech, Language, and Hearing Association

<http://www.cnyslha.org>

2024 Membership Application

Present - December 31, 2024

The membership directory will include your name, phone number, email and employer. Dues payment must be received by **March 31, 2024** to be included.

Name: _____ Date: _____

First

Last

____ Please DO NOT list me in the CNYSLHA Membership Directory

Address: _____

Street

City

State

Zip Code

Phone: (____) _____

E-mail Address: _____

Employer _____ Title _____

Renewal _____ \$25 New Member _____ \$25 Student _____ \$10
School/Program _____

Please provide ASHA # if you use the ASHA registry _____

____ I would like to donate \$ _____ to the CNYSLHA Graduate Student Scholarship Fund.
(Please add the amount to your membership fee).

____ I would like to donate \$ _____ to the CNYSLHA Mini Grants (in memory of Sandy Ladd).
(Please add the amount to your membership fee).

Please make check payable to: CNYSLHA

Mail to: Lynne Ehle, Treasurer
150 Sun Harbor Drive
Liverpool, NY 13088

I am interested in Committee Participation: (Check all that apply)

____ Better Hearing and Speech Month

____ Conferences/After hours

Office Use Only: Check # _____ Date _____ Amt _____