## Central New York

## Speech, Language, and Hearing Association

http://www.cnyslha.org

## 2023 Membership Application

Present - December 31, 2023

Please print your name as you would like it to appear in the membership directory. To be included in the 2023 directory, your dues payment must be received by **March 31**, **2023**.

Name:		_
First	Last	
Please DO NOT list me in the CNY	SLHA Membership Directory	
Address:		
Street	City	State Zip Code
Phone: ()		
E-mail Address:		
*** <u>All CNYSLHA communications</u>	including the newsletter will	be emailed***
Employer	Title	
, ,		
Renewal\$25	per\$25 Studen	nt \$10
	School	/Program
Do you use the ASHA registry? (Ple If yes, please provide ASHA#		
I would like to donate \$	to the CNYSLHA Graduate St	tudent Scholarship Fund.
 (Please add amount to your member		,
I would like to donate \$	•	(in memory of Sandy Ladd).
Please add amount to your member		, , ,
+++n	,	
***Please make check payable		
Mail to:      Lynne Ehle, Treasu	ırer	
150 Sun Harbor Drive		
Liverpool, NY 13088		
I am interested in Committee	Participation: (Check all the	at apply)
Better Hearing and Speech Mo	•	Conferences/After hours
berrer riedring and speech Mo		Conferences/Africa Hours