



WICHITA STATE UNIVERSITY

COLLEGE OF HEALTH PROFESSIONS

Department of Communication Sciences and Disorders

WSU Student Speech-Language-Hearing Association (WSUSSLHA)

Membership Application Form

- Return completed form and payment to WSUSSLHA at one of the following locations:
- Department of Communication Sciences and Disorders - 401 Ahlberg Hall
- Evelyn Hendren Cassat Speech-Language-Hearing Clinic - WSU Hughes Metropolitan Complex (29th St. N. & Oliver), Entrance T
- Mail to: WSUSSLHA, Wichita State University, 1845 Fairmount, Wichita, KS 67260-0075
All applications must include payment of the annual membership fee in the amount of \$15.00 (or \$25.00 for 2 years) in order to be processed. Please make checks payable to WSUSSLHA. We also accept cash and money order. Credit/debit cards not able to be accepted at this time.

Name \_\_\_\_\_ WSU ID \_\_\_\_\_

Mailing and Contact Address:

Street \_\_\_\_\_

City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip+4 \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Permanent Address (if different):

Street \_\_\_\_\_

City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip+4 \_\_\_\_\_

Academic Status:

(circle one) Freshman Sophomore Junior Senior Graduate student

What is your area of specialization: Speech-Language Pathology Audiology

When do you expect to graduate? \_\_\_\_\_

Undergraduates: Are you interested in pursuing your studies in the CSD graduate program at WSU? [ ] Yes [ ] No

- 1. Are you interested in volunteering on any WSUSSLHA committees? [ ] Yes [ ] No
2. Are you interested in becoming an officer of WSUSSLHA? [ ] Yes [ ] No
3. Are you a member of either of these professional organizations? [ ] KSHA [ ] NSSLHA [ ] Neither one

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

FOR OFFICE USE ONLY:

Date processed \_\_\_\_\_ Method of Payment: Cash \_\_\_\_\_ Check # \_\_\_\_\_

Membership status: \_\_\_\_\_ New member \_\_\_\_\_ Renewal \_\_\_\_\_ Denied (Fee refunded \_\_\_\_\_)