



**National Black Association for Speech-Language and Hearing**  
701 Exposition Place, Suite 206, Raleigh, North Carolina 27615  
Phone/Fax: (919) 661-0820 • Email: [nbaslh@nbaslh.org](mailto:nbaslh@nbaslh.org) • [www.nbaslh.org](http://www.nbaslh.org)

## **LIFE MEMBERSHIP STATUS**

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### **How is life membership defined?**

Life Membership is a category of membership available to current NBASLH members who meet the following requirements:

- a. age of at least 65 at the time of application, and
- b. at least 20 years of consecutive NBASLH membership or 30 years of cumulative membership immediately prior to attaining age 65

### **What are the benefits of having Life Membership status?**

1. Reduced dues – 50% of professional membership (currently would be \$53 a year)
2. Reduced convention registration - \$160 less than the early registration Professional member rate

### **How do I become a Life Member?**

1. If you have been an NBASLH member for 20 consecutive years or have 30 years of cumulative membership and attain the age of 65; please complete the Life Member Request Form (available on the NBASLH website or by email: [nbaslh@nbaslh.org](mailto:nbaslh@nbaslh.org)) to request a life membership status. Completed Request Forms should be submitted by mail (NBASLH, 701 Exposition Place, Suite 206, Raleigh, NC 27615) or electronically ([nbaslh@nbaslh.org](mailto:nbaslh@nbaslh.org)).
2. Once received, your application request will be considered, and time requirements verified. You will receive notification of your request status by mail and email.
3. If your request for Life Membership is approved, it becomes effective at the beginning of the following year. For example, if your application is approved by December 31<sup>st</sup>, you will receive reduced convention registration for the upcoming Convention. If your previous year membership dues have not been paid prior to receiving Life Membership designation, you will be eligible to receive the Life Membership dues rate for that year. If your membership dues have already been paid prior to receiving Life Membership, you will receive the Life Membership dues rate for the coming year.
4. You may be asked to provide verification of your age in the form of a copy of your driver's license, birth certificate, or passport.

### **What if I have been designated as a Life Member previously?**

NBASLH is currently working to solidify a complete and accurate list of members that are considered to already have life membership designation. Therefore, the board is asking that all professional members who believe they have already been designated a life member to complete the Life Membership Application. Professional members who are unsure if they are a life member but meet the defined

**Life membership status is not retroactive. In other words, all current life members and new applying life members will not receive a refund for dues or convention registration previously paid prior to the current year.**



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## LIFE MEMBERSHIP REQUEST FORM

DATE OF APPLICATION: \_\_\_\_\_

NBASLH MEMBERSHIP #: \_\_\_\_\_

DATE OF BIRTH(month/day/year): \_\_\_\_\_

NAME \_\_\_\_\_ MAIDEN NAME (if applicable): \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

WORK # \_\_\_\_\_ HOME # \_\_\_\_\_ CELL # \_\_\_\_\_

EMPLOYER/POSITION \_\_\_\_\_ CREDENTIALS \_\_\_\_\_

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### EDUCATION HISTORY

AREA OF PRACTICE: • SLP • AUD • SLP/AUD

HIGHEST DEGREE EARNED: • Bachelor • Masters • Doctorate

#### *Undergraduate Institution*

College/University Name: \_\_\_\_\_

Area of Study: \_\_\_\_\_ Degree and Year: \_\_\_\_\_

#### *Graduate Institution*

College/University Name: \_\_\_\_\_

Area of Study: \_\_\_\_\_ Degree and Year: \_\_\_\_\_

#### *Other Institution*

College/University Name: \_\_\_\_\_

Area of Study: \_\_\_\_\_ Degree and Year: \_\_\_\_\_

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### MEMBERSHIP HISTORY

Year of Professional Membership Initiation \_\_\_\_\_

Have you had any interruption in active (paid) Professional Membership? If so, please list the year(s): \_\_\_\_\_

Have you been previously designated as an NBASLH Life Member? If so, when or by whom: \_\_\_\_\_

Name of NBASLH member who may verify your membership initiation yr. (optional): \_\_\_\_\_

I, (insert name) \_\_\_\_\_, DO HEREBY AFFIRM THE FOLLOWING:  
I am at least 65 years of age at the time of submitting this application and am willing to provide verification (e.g., copy of driver's license, birth certificate, or passport) of my age if requested; I have had at least 20 years of consecutive NBASLH membership or 30 years of cumulative membership prior to attaining age 65; OR I have been previously designated as a Life Member of NBASLH.

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Signed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. NOTARY PUBLIC (Please sign below & stamp/seal to the right)

Notary Signature: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Return the completed application to:** NBASLH, 701 EXPOSITION PLACE SUITE 206, RALEIGH, NC 27615      Revised 10/05/23