



National Black Association for Speech-Language and Hearing

PO BOX 779, PENNSVILLE, NJ 08070

WWW.NBASLH.ORG / NBASLH@NBASLH.ORG

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 _____

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: _____

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.

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

Do Not Complete This Section

Notary Signature: _____ ***Not Required until May 2019***

Expiration Date: _____