



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 • www.nbaslh.org



MEMBERSHIP APPLICATION

NAME _____ CREDENTIALS _____

MAILING ADDRESS _____

E-MAIL ADDRESS _____

WORK # _____ HOME # _____ CELL # _____

EMPLOYER/POSITION _____

COLLEGE/UNIVERSITY(S) ATTENDED: _____

In order to better understand and plan for member needs, kindly complete the following (optional) information:

ETHNICITY: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Choose not to disclose

RACE: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander
☐ White ☐ Multiracial ☐ Choose not to disclose

AREA OF PRACTICE: ☐ SLP ☐ AUD ☐ SLP/AUD

HIGHEST DEGREE EARNED: ☐ Bachelor ☐ Masters ☐ Doctorate

CERTIFICATION/LICENSURE: ☐ ASHA Certification ☐ State Licensure – States(s) _____

PRIMARY WORK SETTING: ☐ School ☐ University/College ☐ Commercial/Business ☐ Hospital/Rehab
☐ Private Practice ☐ ENT/Medical Practice ☐ Research facility ☐ Retired
☐ Other: _____

AFFILIATES: ☐ I am interested in joining an affiliate. ☐ I am a member of _____ affiliate.

☐ I am interested in starting an affiliate in _____ (location).

VOLUNTEER: ☐ Volunteer: I can contribute to NBASLH in the following ways/areas: _____

PLEASE CHECK MEMBERSHIP CATEGORY:

☐ Professional Member \$100 ☐ Associate Member \$75 ☐ Student Member \$35 ☐ Life Member (see application guidelines)

STUDENT STATUS: ☐ Full-time ☐ Part-time CLASSIFICATION: ☐ Undergraduate ☐ Graduate ☐ Doctoral

Graduate Students: To be eligible for student membership in NBASLH, you must be currently enrolled as a full-time student according to the full-time course load requirements at the institution.

Undergraduate Students: To be eligible for student membership in NBASLH, you must be currently enrolled as a part-time or full-time student.

College University: _____

Would you like to donate towards the NBASLH Scholarship fund? (no min, max \$25.00) (NBASLH is a non-profit 501(c)(3) association, therefore your donation will be tax deductible) \$ _____

TOTAL CHARGES: \$ _____

PAYMENT METHOD:

☐ Check made payable to NBASLH, see mailing address below

Credit Card: ☐ MasterCard ☐ Visa ☐ AMEX ☐ Discover

_____ Expiration Date _____/_____/_____ CVC _____

Signature _____

Date _____

Billing Zip Code _____

Return the completed application and check or credit card information to NBASLH, 701 Exposition Place, Ste 206, Raleigh, NC 27615 or by Fax: (919) 779-5642 or join online at <https://www.nbaslh.org/join-nbaslh>