

NISHLA Northern Illinois Speech-Hearing-Language Association

www.nishla.org

2011-2012 MEMBERSHIP FORM (June 2011-June 2012)

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE: _____ WORK PHONE: _____

E-MAIL ADDRESS: _____

EMPLOYER: _____

WORK ADDRESS: _____

WORK SETTING ___ FULL TIME ___ PART TIME ___ SCHOOL
___ HOSPITAL ___ CLINIC ___ OTHER _____

POPULATION SERVED: ___ BIRTH-3 ___ EARLY CHILDHOOD
___ ELEM. ED. ___ SECONDARY ED. ___ ADULT

DEGREE _____ UNIVERSITY _____ YR. _____

CURRENT MEMBERSHIPS / AFFILIATIONS (check which apply)

ASHA _____

IL. LICENSE _____

CCC _____

IL. CERTIFICATE _____

ISHA _____

NEA/IEA _____

OTHER MEMBERSHIPS _____

_____ I WOULD LIKE ASHA CEUs _____ I WOULD LIKE IL.STATE BOARD
CPDU's _____ I WOULD LIKE IL. STATE LICENSURE CREDITS? _____

WOULD YOU LIKE YOUR NAME INCLUDED ON A LIST OF PRIVATE
PROVIDERS? _____

DUES -- \$20.00 PLEASE MAKE CHECKS PAYABLE TO NISHLA

MAIL THIS FORM AND MONEY TO:

MARIA OLIVERI
5026 WIL-ACRE DR.
LOVES PARK, IL 61111

PLEASE SUGGEST TOPICS OR SPEAKERS FOR FUTURE PROGRAMS:

WOULD YOU LIKE TO HELP PLAN PROGRAMS? _____