



SANTA CLARA COUNTY SPEECH-LANGUAGE HEARING ASSOCIATION
EST. 1958

Membership Application

2011-2012 School Year

PLEASE NOTE: Your name will appear in the directory alphabetized by the first letter of your last name.
Please record the following information as you wish it to appear in the SCCSHA directory.

Check here if you do NOT want to be included in the SCCSHA directory: _____

Last Name: _____ First Name: _____

District/Agency: _____ Position: _____

Street Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-Mail: (personal) _____ (other) _____

SCCSHA Continuing Member: Yes ___ No ___ Past SCCSHA President : Yes ___ No ___

ASHA Member: Yes ___ No ___ CSHA Member: Yes ___ No ___

Would you be willing to serve as:

A contact person between SCCSHA and your District/Agency? Yes ___ No ___

An Executive Board member for 2012-13? Yes ___ No ___

Do you provide clinical services in any foreign language? Yes ___ No ___

Languages: _____

Membership year is from September 2011 through June 2012

Regular	\$30.00
Student/CFY/Retired	\$10.00
Scholarship Donation (optional)	\$ _____
PAC Donation (optional) - NOT tax deductible	\$ _____
Total Amount	\$ _____

Please send this membership application and CHECK (payable to SCCSHA) to:

SCCSHA
% Charlene Dugan
1669 Hollenbeck Ave # 2-246
Sunnyvale, CA 94087-5402