Illinois Speech-Language-Hearing Association

STUDENT - NEW MEMBERSHIP APPLICATION

Membership Year - Sept. 1, 2026 through Aug. 31, 2027

ISHA's membership year runs from September 1 through August 31.

Student memberships are FREE!

PLEASE PRINT OR TYPE:

Name:_____ **Pronouns (not required)**:_____

Current Address:_____

City:_____ **State:**_____ **Zip:**_____ **County**: _____

Permanent Address (if different than above):_____

City:_____ **State:**_____ **Zip:**_____ **County**: _____

Preferred mailing address: Current__ Permanent __

E-Mail Address (please use personal email address): _____

Phone Number: _____

Your preferred mailing address, phone number, and email address will be available on the online Member Service Center Directory.

Name of University and Training Program: _____

Department Chair Verification: _____

Signature of Department Chair required

Area of concentration: Audiology___ Speech-Language Pathology___ Both__ Other:__

I hereby agree to abide by the ISHA Code of Ethics _____

Signature of applicant required

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MEMBERSHIP STATUS: (Check Appropriate)

____ Student: FREE

____*Student-to-Regular (ISHA student member for 1 year): $35.00

____*Student-to-Regular (ISHA student member for 2 years): $20.00

____*Student-to-Regular (ISHA student member for 3+ years): $5.00

*A student must be an active member of ISHA at the time of application for regular membership for this conversion program to apply.

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Please complete this section **ONLY** if you are converting from a student membership to a regular membership.

METHOD OF PAYMENT

Check _____ Visa_____ MasterCard_____

TOTAL PAYMENT AMOUNT: _____

In order to pay by card, you must supply the following information:

Card Number: _____

Card Expiration Date: _____ CVV: _____

Cardholder Name: _____

Billing Address: _____

Billing Zip Code: _____

Signature: _____

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Please send your completed application to:

Illinois Speech-Language-Hearing Association

35 E. Wacker Drive, Suite 850

Chicago, IL 60601-2106

Phone: 312-644-0828, Fax: 312-644-8557, Voice and TT/TDD, Web: www.ishail.org

Professionals Serving People with Communication Disorders