Illinois Speech-Language-Hearing Association

REGULAR, AFFILIATE, ASSISTANT – NEW MEMBER APPLICATION

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

ISHA's membership year runs from September 1 through August 31. You may choose to join at any time during the membership year; however, your dues will not be prorated.

(Please Complete All Pages of this Form)

PLEASE PRINT OR TYPE:

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

Home Address:_____

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

Employer Address: _____

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

Preferred mailing address: Home___ Work ___

E-Mail Address: _____

Phone Number: _____Home___ Work ___ Fax ___

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

……

Regular Members shall hold a graduate degree in the general area of speech-language pathology or audiology and be licensed to practice speech-language pathology or audiology in the state in which they provide service; Speech and Hearing Scientists, who may not be licensed in Illinois to practice, but may make contributions to the profession are also eligible for regular membership. These requirements may be waived during Clinical Fellowship Year and in special instances by recommendation of Membership Committee and approval by a majority of the Executive Board. The rights of regular membership shall be as follows: 1) to receive Association publications; 2) to participate in Association functions at membership rates; 3) to serve as committee chairpersons and/or members; 4) to vote in Association elections; and 5) to vote for bylaw changes. If you do NOT complete item B. IDFPR License # (and are not in your CFY year, or are a Speech & Hearing Scientist or are employed outside of Illinois) you will automatically be joined as an Affiliate Member.

Affiliate Members shall be those individuals who are not eligible for Regular Membership and who possess an interest in human communicative processes and disorders. The rights of Affiliate Members shall be as follows: 1) to receive Association Publications; 2) to participate in Association functions at membership rates; and 3) to participate as non-voting members of the Association and its Committees.

Assistant Members shall be those individuals who hold a Speech-Language Pathology Assistant (SLPA) License or currently work as an Audiology Assistant (AudA). Audiology Assistants and Speech and Hearing Scientist Assistants, who may not be licensed in Illinois to practice, but may make contributions to the profession are also eligible for Assistant membership.

Continued on next page

Illinois Speech-Language-Hearing Association

REGULAR, AFFILIATE, ASSISTANT – NEW MEMBER

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

CERTIFICATION. REGISTRATION AND LICENSURE:

A. ASHA: CCC-SLP_____ CCC-A _____ CCC-SLP/A _____ CF-SLP_____ CF-A_____

B. IDFPR License #_____ SP_____ Aud_____ Both _____SLPA_____AudA_____

C. Speech/Hearing Scientist: _____

D. Speech/Hearing Scientist Assistant: _____

E. Illinois Hearing AID Dispenser (IDPH): _____

F. ISBE Professional Educator License: _____Type(s):_____

G.Early Intervention Specialist Credential: _____

H. Other type(s):_____

POSITION AT WORK:

PLEASE CIRCLE ALL THAT APPLY:

Employment:

A - Public or Private School

B - Public or Private College/University

C - Private Practice - Adult

D -Private Practice – Pediatrics

E – Acute Care/Rehabilitation Hospital

F - Agency

G - Charitable Organization

H – Skilled Nursing Facility

I – Non-Profit Organization

J - Medical Clinic/Group Practice

K - Retired, Unemployed

L - Other_____

M - No Response

N - State of Illinois Hearing Aid Disp.

O - Home Health Agency

Second Language Proficiency:

A. Spanish G. Japanese

B. German H. Chinese

C. Italian I. Polish

D. French J. Sign Lang.

E. Greek K. Hebrew

F. Arabic L. Other_____

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

Signature of applicant required

……

Continued on next page

Illinois Speech-Language-Hearing Association

REGULAR, AFFILIATE, ASSISTANT – NEW MEMBER

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

MEMBERSHIP STATUS: (Check Appropriate)

____Regular $120.00

____Spouse $15.00 (of Regular Member only)

____Affiliate: $120.00

____Assistant: $70.00

PAC $____(voluntary contribution)

TOTAL AMOUNT ENCLOSED: _____

……

METHOD OF PAYMENT

Check _____ Visa_____ MasterCard_____

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: _____

Please send your completed application and check or credit card information made payable 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