

**National Student Speech Language Hearing Association – CSUSM Chapter**

Thanks for your interest in NSSLHA!

Please complete this form either email it to [csusmnsslha@gmail.com](mailto:csusmnsslha@gmail.com) or return it in person to an officer. Please submit your membership dues along with your registration form (Cash or Checks ONLY - Checks payable to ASI - NSSLHA). If registering via email – we will reply with further instructions regarding how to make your payment. Your membership is not active until your payment is received.

**First & Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Major(s)/Minor(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Student Class/Status:**

**Undergraduate Students** (Circle one): Freshman Sophomore Junior Senior

**Graduate Students**: M.S. Cohort # \_\_\_\_\_

**Post-Bac Students**: Year \_\_\_\_\_\_\_ Cohort # \_\_\_\_\_\_\_

**Current Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CSUSM E-mail:** ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Activities you would like to see NSSLHA plan:** ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Are you interested in a leadership role within NSSLHA:** Yes No Maybe

If yes, which one? Committee? Officer position? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you a National NSSLHA Member:** Yes No

**Membership Options (select one):**

1 Year Membership $20.00 2 Year Membership $35.00

**FOR OFFICER USE ONLY**

Payment Type Received (circle one): Cash Check Amount Paid: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Payment Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Membership Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_