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 Email: office@msha.ca

APPLICATION FOR REGISTERED TEACHING/RESEARCH MEMBERSHIP

This application must be received **6 weeks** before start of Teaching/Research commencement.

Name		Address		
City	Province/State	Postal Code/Country		
Email Address		Phone Number	Site Phone Number	
Occupation		Work/Education site and Contact Person		
How long will you to be Registered with MSHA?	/Month(s)	Have you applied for membership Previously?	<input type="radio"/> Yes	<input type="radio"/> No
Reason for joining MSHA and abstract of Teaching/Research activities (attach separate sheet if necessary)				
Membership in other Regulatory/Licensing Organizations and Credentials/Resume				

Please complete the following about your Education:

Name of Institution	Location	Dates of Attendance	Degree	Major

Monthly membership dues of **\$57.75** Canadian funds (includes 5% GST) must accompany your application **times** the number of months you will need to be Registered with MSHA. If you exceed over the time you specify on this form please contact the office. You can pay by Cheque, Money Order, Cash, Interac (in office only), Visa or MasterCard. For Credit Card payments please include your information below.

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Card #:	Expiry Date:
Months to be Registered: X \$57.75	Total amount to charge:	Signature:

I hereby authorize the Manitoba Speech and Hearing Association (MSHA) to obtain information from other Canadian regulatory bodies, professional associations and Universities for the purposes related to my registration and qualifications.

Please note that information collected on this form will be treated as private and confidential. It is collected for the purpose of establishing the applicant's eligibility for membership with MSHA.

MSHA now requires a completed "Criminal Record Search Certificate" and "Child Abuse Registry Check" to be included with your Teaching/Research application form sent directly from the local Police/Authorities office which can be performed by the Police/Authority in the area/region you have resided for up to the past 5 years.

Please have these checks mailed directly to the MSHA Office Attention: Examining Committee from your local Police/Authorities office.

Signature of Applicant:

Date:

Page 2 of 2

