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## APPLICATION FOR STUDENT MEMBERSHIP

This application must be received **6 weeks** before start of practicum for Students.

<b>Name</b>		<b>Address</b>		
<b>City</b>	<b>Province/State</b>	<b>Postal Code/Country</b>		
<b>Email Address</b>		<b>Phone Number</b>		
<b>Have you applied for a membership before? When?</b>		<b>Preferred Correspondence Method:</b>	<input type="radio"/> Regular mail	<input type="radio"/> E-Mail
<b>Reason for joining MSHA (If doing practicum, please state location(s) and starting date – M/D/Y)</b>				
<b>Membership in other professional organizations</b>				

**Education Overview:**

Name of Institution	Location	Dates of Attendance	Degree	Major

Disclosures (Please check "Yes" or "No" for each of the following statements)	Yes	No
Have you been convicted of any criminal offences?		
Have you been convicted of offences related to the regulation of the practice of speech-language pathology or audiology?		
Have you had any findings of professional misconduct, incompetence or incapacity in relation to the profession of speech-language pathology or audiology or in relation to another profession?		
Are you currently under investigation for any criminal offences; offences related to the regulation of the practice of speech-language pathology or audiology; or for professional misconduct, incompetence or incapacity in relation to the profession of speech-language pathology or audiology, or another profession?		

**Student Memberships are \$0 and are not required to submit an application fee (effective January 1, 2009)**

**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.

Signature of Applicant:	Date:
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