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## APPLICATION FOR AFFILIATE OR 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>Occupation</b>			<b>Employing Agency</b>		
<b>This application is for:</b>	<input type="radio"/> Affiliate	<input type="radio"/> Student	<b>Have you applied for membership Previously?</b>	<input type="radio"/> Yes	<input type="radio"/> No
<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>					

If you are a student in Speech-Language Pathology or Audiology please complete the following:

Name of Institution	Location	Dates of Attendance	Degree	Major

I, the undersigned, have read the **Code of Ethics of MSHA**, and agree to abide by the ethical principles therein. I consent to the exchange of information between MSHA and the organizations listed above. I declare that all of the above information is complete and accurate.

\_\_\_\_\_

SignaturePrint NameDate

A non-refundable processing fee of **\$31.50** for Students and yearly membership dues of **\$63.00** for Affiliates (which includes 5% GST) in Canadian funds must accompany your application. Payments are accepted by personal cheque/money order made payable to the Manitoba Speech and Hearing Association, or by Visa or MasterCard.

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Card NumberExpiry Date

**Privacy Statement:** The 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.

ASSOCIATION USE ONLY	Date Membership Granted (M/D/Y):	E.C. Chairperson:
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