



Membership Application

2017 - 2018 School Year

PLEASE NOTE: Your name will appear in the directory alphabetized by the first letter of your last name. Please record the following information as you wish it to appear in the SCCSHA directory.

Information boxes that are checked below will NOT be included in the SCCSHA directory.

<input type="checkbox"/> Last Name: _____	<input type="checkbox"/> First Name: _____
<input type="checkbox"/> District/Agency: _____	<input type="checkbox"/> Position: _____
<input type="checkbox"/> Street Address: _____	
<input type="checkbox"/> City: _____	<input type="checkbox"/> Zip: _____
<input type="checkbox"/> Home Phone: _____	<input type="checkbox"/> Work Phone: _____
<input type="checkbox"/> E-mail: (personal) _____	<input type="checkbox"/> (Other): _____

In order to receive your Newsletter directly via email, please include your email address as we have gone green!

SCCSHA Continuing Member: Yes ___ No ___

Past SCCSHA President: Yes ___ No ___

ASHA Member: Yes ___ No ___

CSHA Member: Yes ___ No ___

Would you be willing to serve as:

A contact person between SCCSHA and your District/Agency?	Yes ___ No ___
An Executive Board member for 2018-19?	Yes ___ No ___

Do you provide clinical services in any foreign language?	Yes ___ No ___
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Languages: _____

Allow Student Observations?	Yes ___ No ___
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Membership year is from September 2014 through June 2015

Regular	\$45.00
Retired	\$25.00
Student/CFY	\$10.00
Scholarship Donation (optional)	\$ _____
PAC Donation (optional) - NOT tax deductible	\$ _____
Total Amount	\$ _____

Please register online at www.sccsha.org or send this membership application and CHECK (made payable to SCCSHA) to:

SCCSHA
C/O Marian Gericke
1641 Knollwood Ave
San Jose, CA 95125-5043