



Ohio School Speech Pathology Educational Audiology Coalition

Membership Form

July 1, 2010 – June 30, 2011

Please complete the information requested below:

First Name _____ Last Name _____
Home Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____
Work Site _____ Work County _____
SST Region _____ E-Mail Address _____

Position:

- 01 Speech-Language Pathologist
- 02 Educational Audiologist
- 03 Speech-Language Supervisor
- 04 Audiologist Supervisor
- 05 Full-Time Student
- 06 Teacher
- 07 University Personnel
- 08 Unemployed
- 09 Retired
- 10 Other: _____

Work Setting:

- 01 Public Schools
- 02 SST
- 03 Non-Public Schools
- 04 Community MR/DD Program (169)
- 05 State MR/DD Institution
- 06 Private Practice
- 07 University
- 08 Other _____

Certification:

- 01 Ohio Public School Certificate
- 02 Speech-Language – Ohio License
- 03 Audiologist – Ohio License
- 04 CCC Speech-Language
- 05 CCC Audiology
- 06 Other _____

Highest Degree:

- 01 Bachelors, Speech-Language Pathology
- 02 Bachelors, Audiology
- 03 Bachelors, Other: _____
- 04 Masters, Speech-Language Pathology
- 05 Masters, Audiology
- 06 Masters, Other: _____
- 07 Doctorate, Speech-Language Pathology
- 08 Doctorate, Audiology
- 09 Doctorate, Other: _____
- 10 Other: _____

School Where Highest Degree was Granted:

- 01 Ashland University
- 02 Baldwin-Wallace College
- 03 Bowling Green State University
- 04 Case Western Reserve University
- 05 Cleveland State University
- 06 Kent State University
- 07 Miami University
- 08 Ohio State University
- 09 Ohio University
- 10 University of Akron
- 11 University of Cincinnati
- 12 University of Dayton
- 13 University of Toledo
- 14 Wright State University
- 15 Other: _____

Membership Classification and Cost:

- 01 Professional Membership - \$40.00
(Speech-Language Pathologist or Audiologist)
- 02 Student Membership - \$20.00
- 03 Associate Membership - \$20.00
(Professionals in Allied Field or Consumer Services)
- 04 Retired Professional Member - \$20.00
- 05 Joint Professional Membership- \$60.00
(Husband and Wife)

Liability Insurance and Cost (optional):

- 01 Employee Liability Insurance - \$45.00
- 02 Student Liability Insurance - \$45.00
- 03 Part-Time Private Practice Liability Insurance - \$45.00
- 04 Employee and Part-Time Private Practice Liability Insurance - \$58.00

Please indicate in what capacity you can contribute your time and efforts to help make your organization become a stronger voice for practitioners in the educational setting: Chair a Committee Serve on a Committee

Honors Legislation Membership Liaisons Nominations Program Publication Instruction

Signature: _____ Amount Enclosed: _____ Check # _____ Date: _____

I would like to make a \$ _____ donation to the: Julie Kelly scholarship fund SOS Grant Fund

Please do NOT list my name in the OSSPEAC Directory Please do NOT provide my name for educational research purposes.

Return this form with check or money order payable to: OSSPEAC, P.O. Box 483, Lagrange, Ohio 44050

Dues payments to OSSPEAC are deductible in part as a trade or business expense under section 162 of the Internal Revenue Code. However, the percentage of dues applied to lobbying expenses is not deductible. OSSPEAC estimates the nondeductible portion of your 2010-2011 dues is 13%. The nondeductible portion is obtained by dividing the total OSSPEAC lobbying expenses by the total OSSPEAC expenditures.