



# Ohio School Speech Pathology Educational Audiology Coalition

## Membership Form

**July 1, 2011 - June 30, 2012**

*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:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 01 Speech-Language Pathologist | <input type="checkbox"/> 04 Audiologist Supervisor | <input type="checkbox"/> 07 University Personnel |
| <input type="checkbox"/> 02 Educational Audiologist     | <input type="checkbox"/> 05 Full-Time Student      | <input type="checkbox"/> 08 Unemployed           |
| <input type="checkbox"/> 03 Speech-Language Supervisor  | <input type="checkbox"/> 06 Teacher                | <input type="checkbox"/> 09 Retired              |
| <input type="checkbox"/> 10 Other: _____                |  |  |

**Work Setting:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 01 Public Schools     | <input type="checkbox"/> 04 Community MR/DD Program (169) | <input type="checkbox"/> 06 Private Practice |
| <input type="checkbox"/> 02 SST                | <input type="checkbox"/> 05 State MR/DD Institution       | <input type="checkbox"/> 07 University       |
| <input type="checkbox"/> 03 Non-Public Schools | <input type="checkbox"/> 08 Other _____                   |  |

**Membership Classification and Cost:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 01 Professional Membership - \$50.00<br><i>(Speech-Language Pathologist or Audiologist)</i> | <input type="checkbox"/> 03 Associate Membership - \$25.00<br><i>(Professionals in Allied Field or Consumer Services)</i> | <input type="checkbox"/> 05 Joint Professional Membership- \$75.00<br><i>(Husband and Wife)</i> |
| <input type="checkbox"/> 02 Student Membership - \$25.00   | <input type="checkbox"/> 04 Retired Professional Member (not working)- \$25.00  |   |

**Liability Insurance and Cost (optional):**

- |   |   |
|---|---|
| <input type="checkbox"/> 01 Employee Liability Insurance -\$45.00 | <input type="checkbox"/> 03 Part-Time Private Practice Liability Insurance -\$45.00             |
| <input type="checkbox"/> 02 Student Liability Insurance -\$45.00  | <input type="checkbox"/> 04 Employee and Part-Time Private Practice Liability Insurance-\$58.00 |

*OSSPEAC serves it's members through volunteerism. We need all our members to help, 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:*

- Honors    Legislation    Membership    Liaisons    Nominations    Program    Publication    Conference

I would like to make a donation to Julie S. Kelly Scholarship Fund \$ \_\_\_\_\_

I would like to make a donation to the SOS Grant Fund \$ \_\_\_\_\_

I have included \$170.00 for the 2011 OSSPEAC Fall Conference. (Offer expires July 31, 2011)

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PAYMENT:** \$ \_\_\_\_\_  Check # \_\_\_\_\_  P.O. # \_\_\_\_\_

- 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/money order/purchase order payable to:**

**OSSPEAC  
205 Glendale Street  
Lagrange, Ohio 44050**

*Dues 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 2011-2012 dues is 13%. The nondeductible portion is obtained by dividing the total OSSPEAC lobbying expenses by the total OSSPEAC expenditures.*