

Please complete section #12 and the feedback section below.

ISHA dues are not a charitable tax deduction.

12. **YES**, I am willing to serve in ISHA in one or more of the following:

- Archivist: Gather, maintain, and make available ISHA history.
- Budget: Project and monitor expenses of ISHA Activities
- Continuing Education: Promote professional growth through membership needs assessment & Videotape Library
- Convention: Participate on the annual convention committee
- Executive Board: If so, which position?
- Legislative Councilor: Be considered for nomination as a Legislative Councilor
- Legislature: Promote political awareness and action
- Membership/Directory: Assist with recruiting and retaining members and/or producing a directory
- Newsletter: Gather articles, edit, print, and distribute a timely newsletter
- Public Information Network (PIN): Increase public awareness of communication disorders and the professionals who treat individuals with communication disorders
- "SEAL" - State Education Advocacy Leader
- Regional Representative: Promotes educational/professional needs of members
- University & College Liaison: Promote cooperation between training institutions and ISHA; exchange training needs and promote student involvement in ISHA
- "STAR" - State Advocates for Insurance Reimbursement

ACTIVE: Master's Degree or equivalent in Speech-Language Pathology or Audiology

ASSOCIATE: Professional in an allied field; bachelor's degree in Speech-Language Pathology or Audiology; communication disorders paraprofessional; or consumer of speech, language, and/or hearing services

LIFE: Ten years of Active ISHA membership and have reached age sixty-two

STUDENT: Full-time student in the field of communication disorders (Academic Advisor/Department Chair must sign membership form section #10)

HONORARY: Person who has made a unique contribution to the field of communication disorders and has been recommended by the Executive Board

ACTIVE CFY: Master's Degree or equivalent in Speech-Language Pathology or Audiology and Begin or complete a CFY during current membership year. (ASHA Supervising Clinician MUST sign membership form section #10).

FEEDBACK: The ISHA Board and Committee chairpersons want your input. All comments will be summarized and presented to the ISHA Executive Board in a formal report. Please contribute your ideas for improvement of your Association. Your feedback helps produce unique Idaho conventions and useable Membership Directories. Thank you for your input!

(Please feel free to attach additional pages for your response.)

I do ___/do not___ authorize my contact information to be used by other organizations for continuing education, updates, marketing, and professional issues.

DO YOU APPROVE OF THE PROPOSED 2008 BUDGET? () YES () NO

Complete and return form postmarked by January 31, 2007, to be counted in the budget vote!!!!

If you have questions about membership, you may call or e-mail

Sarah Knudson
Membership Chair
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