



Georgia Speech-Language-Hearing Association
Corporate Membership Application

Corporate Membership

Corporate membership is open to vendors or other commercial entities with interest in the goals of GSHA and the field of human communication and its disorders. Corporate membership is not open to individual professionals holding a bachelor's or graduate degree in speech-language pathology, audiology, speech, language, or hearing science, or education of the hearing-impaired.

Contact Information:

Contact Name:

Company Name:

Phone:

Fax:

E-mail:

Billing Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

Payment Information:

Payment Amount: \$400 - Corporate Membership

Payment Method:

Cash

Check

Check No. _____

Visa

MasterCard

American Express

Name on Card:

Credit Card Number:

Expiration Date:

Security Code (required):

Billing Address for Card (required):

City:

State:

Zip:

Signature:

"I hereby apply for membership in the Georgia Speech-Language-Hearing Association, subject to approval of my application, and I agree to abide by the Association's Code of Ethics."

Signature: _____

Date: _____

Send this form with payment to:

Georgia Speech-Language-Hearing Association

222 S. Westmonte Dr. #111, Altamonte Springs, FL 32714

407-774-7880 phone | 407-774-6440 fax | www.gsha.org