



January 17, 2012

Dear SDSLHA Member,

I hope you're having a great start to the New Year. As the new membership chair for 2012, I'd like to introduce myself. I am a speech pathologist and have been fortunate to live in beautiful Spearfish South Dakota for the past five years. I work in Gillette Wyoming with a wonderful group of students at NEW BOCES as well as Campbell County School District. Coming from Iowa in 2007, joining SDSLHA was a great way to meet fellow professionals and learn about the many opportunities that are available to us in South Dakota. I'm looking forward to meeting and getting to know our members throughout the year.

Enclosed is the Membership Renewal form for the South Dakota Speech, Language & Hearing Association for 2012. I encourage you to renew your membership to our statewide association, and would also like to offer a \$10 discount to members who recruit a new member to join. As per the SDSLHSA bylaws, the deadline for membership renewal this year will be March 1. Anyone who wishes to renew after this date will have to pay a \$30 late fee. New membership will be \$50, regardless of the date of joining.

Membership benefits include a discounted registration fee to the annual statewide Convention, informative quarterly newsletters, membership directory and active legislative monitoring. In addition, you have the opportunity to support your professions' association efforts for items such as salary supplements and laying the groundwork for licensure. You also have access to a great network of fellow members and colleagues.

The annual Convention will be held in Sioux Falls on September 14<sup>th</sup> and 15<sup>th</sup>, 2012. It will include the talents of many knowledgeable speakers, display tables and vendor booths, as well as the opportunity to speak with representatives of both local and national companies to learn about the newest products and services. The Board is confident that you will leave the Convention full of new ideas to help you to meet your professional goals.

Please renew now to support your profession, receive a full year of newsletters and a discounted registration to the Convention. Our reasonable membership fees are explained on the enclosed Membership Renewal Form.

Feel free to contact me at [lydiahughes3@yahoo.com](mailto:lydiahughes3@yahoo.com), should you have any questions. Thank you for your continued membership.

Sincerely,

Lydia Hughes  
Membership Chair  
Enclosure

SDSLHA  
PO Box 308  
Sioux Falls, SD 57101-0308



## Membership Application

**Instructions:** Annual Dues apply for one year from the date of joining. Once your application is received, you will be mailed a membership card and confirmation letter. Please watch for e-mails that will be sent out periodically with information regarding your profession and SDSLHA.

### Contact Information

- New Membership**    **Renewing Membership**

#### Name

(Please print as you would like it published)

### Employment Information

Employer		
Job Title		
Address		
City	State	Zip Code
E-Mail Address		

### Home Information

Address		
City	State	Zip Code
E-Mail Address		

### Phone Number

(Please provide one phone number you would like published)

(Home, Work, or Cell)

### Mailing Preferences

(Please select which method you wish to receive information)

- |                               |                               |                               |
|-------------------------------|-------------------------------|-------------------------------|
| SDSLHA <b>mail</b> delivery   | <input type="checkbox"/> Work | <input type="checkbox"/> Home |
| SDSLHA <b>e-mail</b> delivery | <input type="checkbox"/> Work | <input type="checkbox"/> Home |

### Membership Category

- Active:** \$50 (\$30 late fee after March 1st)  
Active members shall hold a minimum of a Master's degree in Speech Pathology and/or Audiology of 45 semester hours of graduate credit toward a graduate degree in either area. Active members have voting privileges.
- Associate:** \$35 (\$30 late fee after March 1<sup>st</sup>)  
Associate members shall hold a minimum of a Bachelor's degree in Speech Pathology and/or Audiology and/or meet or hold a valid South Dakota Speech Therapy Certificate.
- Affiliate:** \$20  
Affiliate membership shall be open to all students in the area of Speech Pathology and/or Audiology, as well as other persons who are interested in promoting the purposes, objectives and activities of the Association.
- Life:** Free  
Permanent life membership shall be automatically granted to those who have been both an Active Member and in good standing for ten years and have reached age 65.

### Field

- Speech Language Pathology
- Audiology
- Other (Specify)

### ASHA Membership

ASHA Membership    Yes    No

ASHA Certificate of Clinical Competence

- CFY
- CCC-A
- CCC-SLP
- CCC-SLP/A



**The SDSLHA Executive Board is looking for Volunteers!**

SDSLHA Executive Board and Committee Members are crucial to the continued development of the association and fulfillment of the association's mission. These are all volunteer positions and members who are willing to give of their time and talents to help meet these goals are needed. Please, seriously consider volunteering and please mark any/all areas that interest you. Your input and help is greatly needed to make SDSLHA an active organization that works for its membership.

- Legislation/Advocacy \_\_\_\_\_
- Infant Hearing \_\_\_\_\_
- Monitor Legislative Activity \_\_\_\_\_
- Explore Licensure \_\_\_\_\_
- Public Relations (with public & employers) \_\_\_\_\_
- Cohort Program/Division of Ed \_\_\_\_\_
- Continuing Education (topics/options) \_\_\_\_\_
- Salary Supplement (Master Teachers Certification) \_\_\_\_\_
- Membership - activities/recruitment \_\_\_\_\_
- Newsletter - Bright Ideas/article topics \_\_\_\_\_
- Convention - speaker topics/activities \_\_\_\_\_
- Interaction among members \_\_\_\_\_
- Willing to serve on a SDSLHA committee \_\_\_\_\_
- Willing to serve as an SDSLHA officer \_\_\_\_\_

Would you like to receive SDSLHA communication via e-mail?

Yes \_\_\_\_\_ No \_\_\_\_\_

E-mail address you'd like us to use is: \_\_\_\_\_