Joined at _____ meeting.

2007 - 2008

HOUSTON ASSOCIATION FOR COMMUNICATION DISORDERS MEMBERSHIP APPLICATION

NEW MEMBER____ FORMER MEMBER____

HACD is a growing and vital organization dedicated to encouraging professional growth, information exchange, fellowship among its members, and to promoting public education about communication disorders. Membership directories will be available at general meetings. If you would like a directory mailed to you, add $5.00 to your check. Complete the following information and mail, along with $35.00 ***payable to HACD***, to:

Rhonda Bachicha 6919 Rustling Oaks Drive, Richmond, TX 77469 Phone: 832-816-3871 E-mail: rbachicha@parishschool.org

PLEASE PRINT AND CHECK ALL THAT APPLY **Meeting reminder notices will be sent via e-mail*

Name _____ **Applying for life membership? Yes / No

Mailing Address _____ City _____ State _____ Zip _____-_____

Home Phone _____ Home Fax _____

Primary Place of Employment _____ Work Section # (See Map) _____

Work Phone _____ Fax Number _____

E-Mail Address _____ Additional E-Mail Address _____

Employment Setting (Write "1" for Primary Setting; and "2" for Secondary Setting):

❑Government Agency ❑Hospital/Clinic ❑Private Practice ❑Public School ❑Private School ❑Rehab/Health Care
❑University ❑Long Term Care
Other _____

Payments / Reimbursement:

❑Fixed Rate ❑Sliding Scale ❑Private Insurance ❑Medicaid ❑Medicare ❑Managed Care ❑PPO
Other _____

Field of Specialty:

❑Accents ❑Administration ❑Audiology ❑Augmentative ❑Aural Rehabilitation ❑Assessment ❑Autism/PDD
❑Computers ❑Cranio-Facial ❑Dysphagia ❑Early Intervention ❑Language-Learning ❑Fluency ❑Laryngectomy
❑Neurological ❑Oral-Motor ❑Phonology ❑Pragmatics ❑Multi-Challenged ❑Reading ❑Voice
❑Written Language Other_____

Age of Populations Served: ❑0-3 ❑Preschool ❑School-Age ❑Adolescent ❑Adult ❑Geriatric

Bilingually competent in which languages: _____

Highest Degree: ❑BA ❑BS ❑MEd ❑MCD ❑MA ❑MS ❑PhD **Texas License** Yes / No

Certifications: ❑TEA ❑CFY ❑CCC-A ❑CCC-SLP **Other** _____

Committee Choices (please select volunteer interests below - see description on back):

Continuing Education:	❑Programs	❑Workshops	❑Hospitality
SIGs:	❑Health Care	❑Public School Task Force	❑Private Practice ❑Audiology
	❑Fluency		
Marketing:	❑Non-Dues Revenue	❑Marketing Committee	❑Sponsors
Public Relations:	❑Career Awareness	❑May is Better Speech and Hearing Month	
	❑Awards		
Membership:	❑Membership Directory	❑Recruiting Membership	❑Telephone Tree ❑Mentoring
Legislative Concerns:	❑Legislative Concerns		

A Life Member has all the rights and privileges of membership but shall not pay dues. Qualifications for Life Membership require being: Age 65+ and a HACD member for at least five consecutive years immediately preceding application for life membership.

Life Member	$00.00		OFFICE USE:
Regular	$35.00		Check #
Student	$10.00		Cash
TSHF-HACD Scholarship	$		Amount
Mail Directory	$ 5.00		Date Received
Total		**$**	

NEWSLETTER: _____ please send via US mail ____please send via EMAIL only
MEMBERSHIP DIRECTORY: _____ I would like a paper copy _____I will access ONLINE only