

DSHA LIFETIME MEMBERSHIP APPLICATION

Members Name: _____ Date: _____

I would like to request Lifetime membership in the Delaware Speech-Language Hearing association.

_____ I am at least 65 years of age. (please include a copy of driver's license)

_____ I no longer work in the field of Speech-Language Pathology or Audiology.

_____ I have been a member in good standing of DSHA for the past five years.

signature

Please send this form and a copy of your driver's license to Patty Pfeifer,
62 Beech Hill DR, Newark, DE 19711.

Emails should be sent to mpar1985@gmail.com.

Lifetime membership applications are presented for approval to the DSHA Executive Council at monthly meetings.