

## **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:

Kelly Sanderson  
2134 Gilles Street  
Wilmington, DE 19805

Emails should be sent to [kelanderson05@yahoo.com](mailto:kelanderson05@yahoo.com)

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