



AAPPSPA Membership Application

Member Information

Full Name _____

Home Address _____

Home City, State, Zip _____

Home Phone _____

Cell Phone _____

Credentials (ex. CCC_SLP, CCC_AUD, MS) _____

Add to AAPPSPA Listserve? (Yes or No) _____

Email _____

How did you hear about AAPPSPA? _____

The information supplied by me is true and correct (Yes or No) _____

I (the applicant) personally submitted this application (Yes or No) _____

Business Information

Name of Business _____

Business Address _____

Business City, State, Zip _____

Business Country _____

Business Phone _____

Business Fax _____

Website _____

Business Structure (ex. S Corp, C Corp, LLC) _____

Preferred Mailing Address (Business or Home) _____

Practice Information

Specialty (Describe your areas of specialty) _____

How many clients do you see weekly? _____

How many hours do you bill weekly? _____

How many days do you see private clients weekly? _____

Years in Private Practice _____

Accept Referrals from Multiple Sources? (Yes or No) _____

Business Structure (Describe your business structure) _____

Do you own the practice yourself? If you have partners, are you the majority owner?

(Yes or No) _____

Number of Employees / Associates _____

Primary discipline of your practice (circle one): Audiology Speech-Language Therapy Multi-disciplinary

If multi-disciplinary, please list disciplines _____

Professional Affiliations _____

Where do you see your clients? (Circle one or many)

Your Home Their Home Clinic / Office School Hospital Other

If other, list the other places that you see clients _____

Publications of your work _____

What clients do you see? (Circle one): Primary Kids Primary Adults Mix of both

Licenses / Certifications

ASHA Certified (Yes or No) _____

ASHA Member Name _____

ASHA Member Number _____

Do you hold a license in speech pathology or audiology? (Yes or No) _____

State Licensed in _____

State License Number _____

State License Expiration Date (Enter N/A if not applicable) _____

Have any complaints been registered against you? (Yes or No) _____

Have you ever been disciplined? (Yes or No) _____

Have you ever been convicted of a felony? (Yes or No) _____

Payment Information

New membership is \$150 plus a one-time non-refundable processing fee of \$35

Annual dues are \$150 and due by December 31st for the following calendar year. If you join in October, November, or December, your application fee will include the following calendar year.

The application processing fee is non-refundable, including if applicant does not meet membership criteria. Application approval may take several weeks so make a note of your username and password now (keep in mind that passwords are case sensitive). Store your login information in a handy place for future reference when your membership is approved as you will not be able to sign in until then. Applicants will be notified via email when membership is approved.

Note: If you drop membership in any year and then re-join, your time of active membership for the purposes of Life Membership Qualification will be from the last date you rejoined.

I have read and agree to the above. Signature _____

Payment Method (Circle one): Credit Card Check

Date your check will be mailed _____

Make checks payable to: AAPPSPA

Send your \$185 check (\$150 + \$35 non-refundable processing fee) to the address below.

AAPPSPA
P.O. Box 252
Granville, NY 12832