

For more information, go to [www.oregonspeechpathacademy.com](http://www.oregonspeechpathacademy.com)

# OSPA

PO Box 3343  
Portland, OR, 97208

## Oregon Speech Pathology Academy 2011 Membership Application

Please complete the information below and send it to OSPA along with a dues check for \$60.

*\* Indicates required information. We will not share your information with outside parties.*

**\*Date:** \_\_\_\_\_

**\*Name:** \_\_\_\_\_

**\*Address:** \_\_\_\_\_

**\*E-mail:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Present Position:** \_\_\_\_\_

**Present Employer:** \_\_\_\_\_

**Any specialty areas?** \_\_\_\_\_

**ANNUAL MEMBERSHIP DUES:** Regular \$60.00      Student \$15.00  
**INDIVIDUAL MEETING DUES:** \$15  
**DAY LONG CONFERENCES ARE A SEPARATE FEE**

*All applications given before November apply to the current year,  
those after November apply to the current and the next year.*