

Local UW – Madison NSSLHA Membership Form

Your First Name

Your Last Name

Student ID

Your Date of Birth (mmdyyy)

Email Address

Your Phone Number

Check One:

Undergraduate

SLP Graduate

Audiology Graduate

I give permission for NSSLHA to put my name and address on the webpage

Yes

No

I give permission for NSSLHA to put pictures of me related to NSSLHA events on the webpage

Yes

No

Are you interested in helping out with NSSLHA events?

Yes

No

Membership to the local NSSLHA chapter is good for the academic year. Please give this form along with \$10 for undergrads or \$15 dollars for graduates to Dennis Grossman or put in the NSSLHA box on the fourth floor.