

**•Member Contact Updates & Corrections:**

Please update/correct your contact information on the Payment Form below. Remember to include any changes to your home/work phone(s), fax, and email information.

**•Last Name Notification:** All members with hyphenated or two last names are automatically registered at CSHA with *all* names that appear after the first name listed below. If you wish to be identified under a different name, so indicate by underlining your preferred last name. Please make sure to be consistent and use this last name for all CSHA member inquiries and/or conference registrations.

**•Directory Listings:**

Refer to the back of this form for new information regarding the CSHA Directories. Please indicate your listing preference(s) on the Payment Form below.

**•Bilingual Professionals:**

In order to be listed in the CSHA Foreign Language Directory, you must agree to the definition of a bilingual professional as described in the statement included on the reverse side of this form. If you are in agreement to these terms and wish to be listed as a bilingual professional, please include your signature on the Payment Form below.

**•PLEASE NOTE:** There is a \$25 LATE FEE for DUES PAID AFTER January 31, 2003. The late fee is strictly enforced and Membership will not be reinstated after January 31st if the fee is not included with the dues payment.

**•Professional 2004 "Pre-Pay" Option:**

*Dues payments may be deductible as an ordinary and necessary business expense.*

CSHA professionals who have paid their dues through December 2003 have the option to pre-pay their 2004 dues now. By choosing this option your expiration date will be extended to December 31, 2004.

*Please check corresponding box(es) & amount sent to CSHA for your payment record.*

**Pre-Paid \$85 Professional Dues for One Year**

*Pre-Paid membership runs through December 31, 2004.*

**CSHA Political Action Committee (PAC):**

*Contributions to PAC are not deductible as charitable contributions for Federal Income Tax purposes.*

Paid \$25  Paid \$50  Paid \$75  Paid Other \$ \_\_\_\_\_

**Student Scholarship Fund**

*Donation for students' registration fees for the CSHA State Convention.*

Paid \$25  Paid \$50  Paid \$75  Paid Other \$ \_\_\_\_\_

Paid \$ \_\_\_\_\_ for # \_\_\_\_\_ **Member Directory(ies)** *Directories are \$25 each.*

**PAYMENT RECORDS**

**Dues and Contributions Paid By:**

<input type="checkbox"/> Mastercard	or	<input type="checkbox"/> Visa	Amount Charged:	\$ _____
<input type="checkbox"/> Check # _____			Amount Paid:	\$ _____
<input type="checkbox"/> Money Order Reference# _____			Amount Paid:	\$ _____

**TOTAL AMOUNT PAID: \$ \_\_\_\_\_**

**Renew Your Member Dues Now!**  
**Members Enjoy a Reduced Registration Fee at the**  
**2003 CSHA Annual State Convention!**

**April 3-6, 2003 at the Hyatt Regency in Monterey!**

**Check your mailbox in early February for the Convention Program Book!**

**Visit CSHA online & get the latest details for**

**•The 2003 CSHA Annual Convention • Upcoming CE Opportunities •**

**•The Latest Legislative News • Pay Your Dues Right Online! •**

**& find much, much more!**



**Come visit us at:**  
**www.CSHA.org**

*\*Please disregard this notice if payment has been submitted.*

**Please include your name, address, & ID# here:**

**•Member Contact Updates Corrections & Last Name Notifications:**

Please refer to the corresponding statement at the top of this form for further definitions and instructions regarding member contact information.

**•Directory Listings:**

Please refer to the reverse side of this form for information regarding Directory Listings & the corresponding definitions of each preference. Please check all listing preferences that apply in the appropriate boxes below.

- Do NOT list my contact information in either directories.**
- Please list me in both directories with the following contact information:**
- |                                  |                                     |  |
|----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Address | <input type="checkbox"/> Home Phone | <input type="checkbox"/> Work Phone              |
| <input type="checkbox"/> FAX     | <input type="checkbox"/> Email      | <input type="checkbox"/> All Contact Information |

**•Bilingual Professionals:**

By listing my name in the CSHA Foreign Language Directory, I agree to the definitions of a Bilingual Professional as described on the reverse side of this form.

**Bilingual Signature of Agreement:** \_\_\_\_\_

**Member "Pre-Pay" & Contributions for 2003-2004**

**•Professional 2004 "Pre-Pay" Option:**

CSHA professionals who have paid their dues through December 2003 have the option to pre-pay their 2004 dues now. By choosing this option your expiration date will be extended to December 31, 2004.

*Dues payments may be deductible as an ordinary and necessary business expense. Please check corresponding box(es).*

**"Pre-Pay" Professional Dues for One Year**  \$ 85

*Membership will be extended through December 31, 2004*

**CSHA Political Action Committee (PAC):**  \$ \_\_\_\_\_

*Contributions to PAC are not deductible as charitable contributions for Federal Income Tax purposes.*

\$25  \$50  \$75  Other \$ \_\_\_\_\_

**Student Scholarship Fund**  \$ \_\_\_\_\_

*Donation for graduate students' registration fees for the CSHA State Convention.*

\$25  \$50  \$75  Other \$ \_\_\_\_\_

**Member Directory Order# \_\_\_\_\_ Directory(ies) @ \$25 each**  \$ \_\_\_\_\_

**TOTAL AMOUNT DUE: \$ \_\_\_\_\_**

**PLEASE NOTE: THERE IS A \$25 LATE FEE FOR DUES PAID AFTER JANUARY 31, 2003. THE LATE FEE IS STRICTLY ENFORCED AND MEMBERSHIP WILL NOT BE REINSTATED AFTER JANUARY 31ST IF THE FEE IS NOT INCLUDED WITH THE DUES PAYMENT.**

*Please make Checks & Money Orders Payable to CSHA*

Check # \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Money Order Reference# \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

*Credit Card Payments may be FAXED to: (916) 921-0127*

Mastercard  Visa Exp. Date: \_\_\_\_\_ Charge Amount: \$ \_\_\_\_\_

Acct.#: \_\_\_\_\_

Signature: (Required for credit card payment) \_\_\_\_\_

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**BILINGUAL PROFESSIONALS**

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**INDIVIDUALS WHO WISH TO BE LISTED AS BILINGUAL PROFESSIONALS MUST SIGN THE DUES RENEWAL PAYMENT FORM LOCATED ON THE REVERSE SIDE OF THIS STATEMENT THAT INDICATES YOU HAVE READ AND CONCUR WITH THE FOLLOWING DEFINITION OF A BILINGUAL PROFESSIONAL.**

To be listed as a bilingual speech-language pathologist or audiologist you must be able to speak English as your primary language and speak (or sign) at least one non-English language with native or near native proficiency in lexicon (vocabulary), semantics (meaning), phonology (pronunciation) morphology/syntax (grammar), and pragmatics (uses) during clinical management. Additionally, the following abilities are necessary in order to provide appropriate bilingual assessment and remediation services in the client's language:

- 1) ability to describe the process of normal speech and language acquisition to both bilingual and monolingual individuals and how those processes are manifested in oral (or manually coded) and written language;
- 2) ability to administer and interpret formal and informal assessment procedures to distinguish between communication differences and communication disorders in oral or (manually coded) and written language;
- 3) ability to apply intervention strategies for treatment of communication disorders in the client's language, and
- 4) ability to recognize cultural factors which affect the delivery of speech-language pathology and audiology services to the client's language community.

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**MEMBER DIRECTORY LISTING INFORMATION**

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The CSHA Online & Printed Directories have been updated. Both directories will now include all CSHA members. Members will still have the choice to omit the contact information of their choice. You may indicate to *not* be listed in either directories however, your *name* will still appear in both. This will allow you to have access to the Online Directory. In addition, your preferences will apply to *both* directories. There is no choice to list different preferences for both directories. You will be listed according to your chosen preferences on the Payment Form for both the Online Directory *and* the Printed Directory. Please make sure to choose your preferences on the Payment Form located on the reverse side of this statement.

**Please note the following definitions of your choices:**

• ***Do not list me in either directory.***

Your contact information will not be included in the Online or Printed Directories. However, your name will still appear in both. This will allow you to have access to the online directory. You will *not* be permitted to make changes to your contact information online.

• ***Please include all contact information in both directories.***

All contact information will be included in both directories. This includes address, home phone, work phone, fax, & email information. You will have full online access to update your contact information.

• ***Please list the following contact information.***

You have the choice to omit any of the following contact information from both directories: address, home phone, work phone, FAX, & email. You will not be permitted to update any information you have chosen to omit.

• ***Label Orders & Contact Lists***

CSHA does sell label orders & contact lists based on the materials the consumer will be using them for. Workshop information is sent to everybody regardless of their listing preferences. Any other materials are sent only to those who have chosen to list their address in the directories. However, those materials must first be approved by CSHA. ***Only CSHA approved materials will be allowed to use any CSHA member listings.***

**PLEASE NOTE THE FOLLOWING STATEMENT:**

***If the preferences on the Payment Form have been left blank, you will be listed according to your previous choice(s) from your member application. Additionally, we can not guarantee your contact information will or will not be listed online or printed. Please make sure to include your preference(s) when submitting your dues payment.***