**NATIONAL STUDENT SPEECH LANGUAGE AND HEARING ASSOCIATION | EAST BAY**

**CHAPTER MEMBERSHIP FORM 2019-2020**

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<th>Name:</th>
<th>Net ID:</th>
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<td>Email:</td>
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**ARE YOU A CURRENT ‘NATIONAL NSSLHA’ MEMBER?**

- [ ] Yes, NSSLHA Membership # _______________  Expiration Date: _______________

**ACADEMIC STATUS (CIRCLE ALL THAT APPLY)**

- [ ] Full Time
- [ ] Part Time
- [ ] Graduate | CC I
- [ ] Graduate | CC II
- [ ] Undergraduate | Junior
- [ ] Undergraduate | Senior

**MEMBERSHIP FEES | 2019-2020 Academic Year – OVERALL FLAT RATE $50**

Size of Shirt (Please circle):  S   M   L   XL   2XL

***NSSLHA T-SHIRT IS INCLUDED WITH EACH MEMBERSHIP***

1. **What do you hope to gain by joining Cal State East Bay NSSLHA?**

2. **What types of events would you be interested in? (speakers/socials/study sessions)**

3. **During NSSLHA events pictures and videos may be taken, does NSSLHA have your consent to take your picture and post them on our social media?**

   - [ ] Yes
   - [ ] No

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**FOR OFFICE USE ONLY**

DATE PAID: _______  DUE _______  WAIVED _______