

ASHA Graduate Student Membership Discount Request Form

***You must be a current ASHA member to be eligible for program**

Do not include this form with your dues payment.

Information About You:

Please verify the information we have on file for you and make any necessary changes in the space provided to the right.

Account Information on File for ASHA Acct #:	Corrections/Changes
Name:	
Address type:	Home Work
Preferred Mailing Address:	
Daytime Phone:	
Email*:	

Note about email: ASHA does not sell, loan or otherwise release our members' emails outside of the association. This email address will be used by ASHA only.

Information About Your Future Graduate Degree:

I am attending: _____
(institution name/campus)

Degree designator : _____ Examples:
PhD, AuD, EdD, ScD, DDS, etc.

Degree area: _____

Anticipated Completion Date: _____/_____
 Month Year Are you a full time student? Yes No

Confirmation of Eligibility:

Please have this form signed and validated below by the Office of the Registrar. Email the form to membership@asha.org. Do not include it with your dues payment.

I certify that the above named individual is current enrolled as a full-time or part-time student in a graduate or professional program as defined by our institution (named above).

Registrar Seal or Stamp

Office of the Registrar (Signature)

Print name and title

