GROUP DUES RENEWAL FORM

Please use this form to pay for multiple ASHA or NSSLHA dues payments

BILL TO:

Organization Name:	E-mail:	
Street Address (Line 1):	Telephone Number:	
Street Address (Line 2):		
City:	State:	Zip Code:

**ASHA ACCOUNT #	FIRST NAME	LAST NAME	**INVOICE #	DUES AMOUNT (\$)	CE REGISTRY FEE (\$)	TOTAL (\$)

^{*}If additional pages are needed, please fill out a spreadsheet with the above information and attach it

*PAGE TOTAL:

with first page of form.

**To insure proper allocation it's important that you provide the ASHA account and invoice numbers for each member listed.

PAYMENT INSTRUCTIONS

THIRD PARTY PAYMENT: We are pleased to accept payment from any source on behalf of our members/affiliates. However, **we do not accept purchase orders** to bill third parties, nor does ASHA bill third parties directly. Members/affiliates may provide their dues notices to third parties for payment on their behalf if the parties agree.

It is the responsibility of ASHA members/affiliates to do the following:

- Ensure that their dues/fees, when paid by a third party, are received in time to avoid late fees,
- 2. Make certain that the check is made payable to ASHA in U.S. funds, and
- Make certain that their dues notice is provided to the payer and the payer provides their account information to the below email/address

SEND BY EMAIL:

accounting@asha.org

DISCLAIMER

Due to PCI compliance, we will not accept credit card information by email. If you are paying by credit card, you have two options:

1. Email accounting with a contact name and phone number and we will contact you for payment, or 2. You can mail the form to the address listed under "SEND BY MAIL"

SEND BY MAIL:

send payments to:

ASHA c/o Truist Bank P.O. Box 79952 Baltimore, MD 21279-0952

ALL DUES TOTAL:

DUES TYPE	FEES	
CERTIFIED MEMBER	\$250	
CERTIFIED NON-MEMBER	\$221	
LIFE MEMBER	\$71	
MEMBER WITHOUT CERTIFICATION	\$90	
GRADUATE STUDENT CERTIFIED MEMBER	\$150	
INTERNATIONAL AFFILIATE	\$75	
CERTIFIED ASSISTANT	\$125	
NSSLHA MEMBERSHIP	\$60	

OPTIONAL PAYMENTS	FEES
CE REGISTRY (MEMBER)	\$28
CE REGISTRY (NON-MEMBER)	\$38

PAYMENT OPTIONS

(choose one)

Send by Email - Pay by Phone with a Credit Card

With this option, group contact must fill out form and send it to accounting@asha.org. Once form is received,
our Finance department will call to receive credit card information.
Group Contact Name:
Phone Number:

Send by Mail - Pay By Check or Credit Card

With this option, group contact must fill out form. Then, send the form along with payment to the mailing address listed above. We do not accept credit card information by email.

	Check Credit Card:	VISA	MASTERCARD	DISCOVER	AMEX
Card Numb	er:			Exp. Date:	
Name:					
Sianature:				Date:	