

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 only be used by ASHA.

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: ____ / ____ Are you a full-time student? Yes No
Month Year

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 currently 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