

SPAND

Speech Pathologists' Association Near Dallas

Membership Application for 2009-10 Year Membership year: September 2009- May 2010

Please print and fill-out each field completely using a pen. Once your application and dues have been received, you will be added to our membership roster. THANK you for your interest in SPAND!

Name: _____ Credentials: _____

Home Address: _____ Zip Code: _____

Email address: _____

Specialty/Area of Interest: _____

Topics you are interested in hearing: _____

Would you prefer to receive information from SPAND via e-mail? YES NO

Professional Membership - \$40

Student Membership – FREE

Optional Contributions
 SPAND Scholarship

TOTAL DUE: _____

*Please bring to our scheduled meeting or mail to:
SPAND Membership
c/o Melissa Becker
1114 Redbud
Celina, TX 75009