



National Council of State Boards of Examiners
for Speech - Language Pathology and Audiology

3416 Primm Lane
Birmingham, Alabama 35216

<http://www.ncsb.info> ~ ncsb@primemanagement.net

Individual Associate/Organization Membership

Membership is valid until December 31 of the current year

Being a member of an organization eligible to apply for Associate Membership as determined by the Council's Board of Directors, I am submitting this application for individual Associate Membership in the National Council of State Boards for Speech-Language Pathology and Audiology.

Applicant Contact Information

Contact Name:

Address:

City:

State:

Zip code:

Email:

Telephone:

Association/Organization Name and Contact Information

Association/Organization Name:

Address:

(if different from above)

City:

(if different from above)

State:

Zip code:

Website:

Telephone:

Check here if you are interested in serving the Council as a Committee Member: _____

Signature of Individual Completing Application:

Payment Instructions

Forward this completed Membership Application with \$35.00 to:

National Council of State Boards
3416 Primm Lane
Birmingham, Alabama 35216