



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

3416 Primm Lane  
Birmingham, Alabama 35216  
<http://www.ncsb.info> ~ [info@ncsb.info](mailto:info@ncsb.info)

***Association/Organization Membership***

Membership is valid until December 31 of the current year

This application for Associate Membership in the National Council of State Boards of Examiners for Speech-Language Pathology and Audiology is hereby submitted by an association concerned with and dealing with the communicatively handicapped, either directly or indirectly, and whose members are affected by licensing or certification of Speech-Language Pathologists and Audiologists.

**Association/Organization Name and Contact Information**

**Association/Organization Name:**

(as you would like it to appear in our directory)

**Address:**

**City:**

**State:**

**Zip code:**

**Website:**

**Telephone:**

**Representative Contact Information**

**Association/Organization Representative Contact Name:**

**Address:**

(if different from above)

**City:**

(if different from above)

**State:**

**Zip code:**

**Email:**

**Telephone:**

**Signature of Individual Completing Application:**

**Payment Instructions**

Forward this completed Membership Application with \$450.00 to:

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