



Local CSULA Chapter of NSSLHA – 2006 Registration Form

Please print and complete form. Return to Suzzane Sassoon, NSSLHA Treasurer or Locker # 23

Cash Only

\$5.00 per quarter or \$20.00 for the year

(Please staple cash to form)

Name _____ Phone _____

E-mail _____

Major: Audiology SLP Other _____

Undergraduate Post-Baccalaureate Graduate

Are you currently a member of NSSLHA at the national level? Yes No

If no, are you planning to join? Yes No

Enclosed: \$ _____ for ___ quarter(s)

Comments: