

JUMP-START YOUR CAREER

Founded in 1964, with more than 6,000 members and associates, SAC is the only national body that supports and represents the professional needs of speech-language pathologists, audiologists and communication health assistants within one organization. With the support of our members, SAC champions the needs of people with communications disorders.

As a SAC student associate you belong to an extensive network of fellow students and professionals who work in speech-language pathology and audiology across Canada and around the world.

WHY JOIN SAC?

Pay Once: Pay the one-time student fee of \$75 and you stay a student associate until you graduate. The sooner you join, the longer you'll benefit.

50% Discount Graduation Gift! If you are a student associate, we will give you a 50% discount off your first year as a full member of the association.

Certification: Only SAC members can become clinically certified. As a student associate you will receive updated information on how to become certified through SAC's Clinical Certification Program.

Scholarships: Apply for any of our 23 scholarships, awarded annually, throughout your time in school. Scholarship amounts range from \$1,000 - \$2,000 each.

National Voice: Each Canadian university program has an elected Student Representative in speech-language pathology and audiology, who meet regularly by conference call. A National Student Director sits on the SAC Board of Directors and is your voice in decision-making.

ACADEMIC INFORMATION

Eligibility:

You must be a full-time student in a speech-language pathology and/or audiology graduate program; or a non-practising speech-language pathologist and/or audiologist enrolled as a full-time student in studies related to the two disciplines.

Type of Graduate Degree:

Master's Clinical Master's research PhD

Current year of study:

1st 2nd 3rd

I am enrolled at:

University Name: _____

Expected Year of Graduation: _____

PERSONAL INFORMATION

Apply online at www.sac-oac.ca.

Surname First Name Middle Initial

Address While Attending School:

Street Address Apt.

City Province Postal Code

Tel. Email

Permanent Address (if different from above):

Street Address Suite

City Province Postal Code

Tel. Email

Gender: Female Male

Profession: Speech-language pathology Audiology Other

I prefer to receive SAC emails in: English French

Members and associates receive access to our blog *Communiqué* (previously produced as an award-winning online magazine) and the Canadian Journal of Speech-Language Pathology and Audiology (CJSLPA), our peer-reviewed journal. We also send you e-newsletters with SAC updates and timely "Flash" messages with important news that's relevant to you.

MAILING LISTS

Advertising revenue helps support SAC programs and keep fees low. As such, SAC occasionally makes its list of members and associates available to organizations/companies that provide products and services of interest to our members and associates. We review the content of these mailouts and only share mailing addresses for one-time use. We may also occasionally send an email on behalf of these organizations/companies, but we do not share members' or associates' email addresses.

Please check this box if you wish to be included in this list

MEMBER AND ASSOCIATE DIRECTORY

The Member and Associate Directory is a listing of all current SAC members and associates who choose to opt in. It is located in the Members and Associates section of our website at www.sac-oac.ca and is not available to the public.

Please check this box if you wish to be listed in the Member and Associate Directory.

I would like to be a student member of the following joint membership province/territory at no extra cost (Check one only):

<input type="checkbox"/>	British Columbia
<input type="checkbox"/>	Newfoundland and Labrador
<input type="checkbox"/>	Nova Scotia
<input type="checkbox"/>	Northwest Territories
<input type="checkbox"/>	Prince Edward Island

PAYMENT INFORMATION

Please enclose payment in the amount of \$75.00 (all taxes included), payable to SAC. This payment is valid for the duration of your studies.

Payment by: Cheque enclosed Visa Mastercard

Card no. _____ Expiry date _____
mm/yy

Three-digit security code (CVV) _____

Signature of card holder: _____

Please mail your application with full payment to:

Speech-Language & Audiology Canada
#1000 -1 Nicholas St.
Ottawa ON
K1N 7B7

Contact us:

Direct line: 613.567.9968 | Toll-free: 800.259.8519 | Fax: 613-567-2859

Questions? info@sac-oac.ca

More Information & Apply Online at: www.sac-oac.ca

DECLARATION

By checking the following, I confirm:

- I meet all the requirements of the member or associate category for which I am applying and that the information in this application is accurate and complete.
- I will abide by SAC's Code of Ethics, by-laws and policies.
- I have not been convicted of any criminal offences.
- I have not had any findings of professional misconduct, incompetence or incapacity in relation to the profession or another profession.
- I acknowledge that SAC shall preserve confidentiality with respect to all information relating to its members and associates that comes to its knowledge and shall not communicate any information to any other person except:
 - a) information in connection with anything relating to the registration of members or associates, complaints about members or associates, allegations of members' or associates' incapacity, incompetence or acts of professional misconduct; and
 - b) to a provincial/territorial body that governs audiology and speech-language pathology or to which audiologists and speech-language pathologists are members.

Signature: _____

Date: _____
dd/mm/yyyy