

IDENTIFICATION AND PERSONAL INFORMATION

First Name: _____ Last Name: _____ Initials: _____
Gender: Woman Man I prefer not to disclose I identify my gender as: _____
Date of Birth: _____ Preferred Email: _____

Primary Address

Type: Home Work
Company/Building Name: _____
Street Address: _____ Apt/Suite: _____ City/Town: _____
Prov: _____ Postal Code: _____ Country: _____

Other Address

Type: Home Work
Company/Building Name: _____
Street Address: _____ Apt/Suite: _____ City/Town: _____
Prov: _____ Postal Code: _____ Country: _____

Additional Info

Additional Email: _____
Primary Phone Number: _____ Type: Home Cell Work
Other Phone Number: _____ Type: Home Cell Work
Occupation: Speech-Language Pathology Assistant Audiology Assistant
 Speech and Hearing Assistant Other
Primary Language: English French

ACADEMIC INFORMATION

Where were you educated? Canada Other: _____
Academic Institution: _____
Type of Degree/Diploma: Diploma Undergraduate
 Graduate Diploma Master's
 Combined master's/PhD PhD
 Clinical Doctorate Other: _____
Graduation Year: _____ Degree/Diploma Abbreviation: _____

COMMUNICATION PREFERENCES

Information about the Professions and the Association

As the national professional association of speech-language pathologists, audiologists and communication health assistants, SAC sends out regular communications to members and associates on a variety of topics, such as: new position papers, upcoming professional development events, committee updates and advocacy news.

Yes, I wish to receive email updates from SAC

Information from Paid Advertisers

Advertising revenue supports SAC programs and helps keep membership fees low. SAC occasionally makes its list of members and associates who have consented to receive information from paid advertisers 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.

Yes, I agree to be included in this list

SMS (Text Message) Notification of Important Updates from SAC

Email is our main form of communication with SAC members and associates. However, text messages (SMS) provide another way for you to receive occasional and important updates from SAC on time sensitive issues, such as your membership or certification status and the Annual Meeting of Members.

Yes, I consent to receiving the occasional update from SAC by SMS (please note, standard message rates may apply)

If yes, indicate phone number for SMS updates: _____

PAYMENT INFORMATION

Please consult the fee table below to determine your dues for the 2018 SAC Membership Year.

Associate category: _____

Total: \$ _____

NATIONAL FEE TABLE

Associate Category	Category Description	Fee
Communication Health Assistant	A graduate of an educational program for communication health assistants in speech-language pathology and/or audiology. The educational program must include 200 hours of clinical experience.	\$156.67
Reduced Hours Communication Health Assistant	A professional who meets communication health assistant requirements and works less than 800 hours in a given year (i.e. part-time, maternity/parental leave). (NOTE: 800 hours refers to any hours worked related to speech-language pathology or audiology, including management positions at hospitals, instructing, etc.)	\$104.96



PAYMENT OPTIONS

- Cheque/Money Order
- Visa/Mastercard (fill out credit card info below)

Card no.: _____

Expiry date: _____ Three-digit security code (CVV): _____
mm / yy

Name of card holder: _____

Please make cheques payable to Speech-Language & Audiology Canada.

Please mail your application with full payment to:
Speech-Language & Audiology Canada
#1000 -1 Nicholas St. Ottawa ON K1N 7B7

More information at: www.sac-oac.ca

Contact us:

Direct line: 613.567.9968 | Toll-free: 800.259.8519

Fax: 613.567.2859

Questions? info@sac-oac.ca

ATTESTATION

I agree to abide by the Speech-Language & Audiology Canada (SAC) Bylaws, the Code of Ethics and Policies of the Association. As a member or associate of SAC in good faith, if I have been convicted of a statutory or regulatory offence which is deemed by the Board of Directors to bring the reputation of the profession of speech-language pathology and/or audiology into disrepute, I agree without contest or exception that SAC shall be entitled to deny/cancel membership and member or associate forfeiture of any dues already paid or the payment of actual damages, including the costs and expenses necessitated to bring litigation to recover such damages. I agree to pay SAC the full sum of my annual membership dues (subject to SAC's refund policies) as outlined in my invoice above. I will advise SAC if my status changes.

Signature: _____

Date: _____

dd / mm / yyyy

ADDITIONAL DOCUMENTATION

In order to qualify for membership, we will require:

- Official transcripts from a Canadian institution indicating proof of graduation and signed proof of having completed 200 clinical practicum hours. **NOTE:** If you are internationally educated an SAC staff member will contact you for more information.