



## 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

Primary Language:  English  French



## ACADEMIC INFORMATION

Program of Study:  Communication Health Assistant  Other: \_\_\_\_\_

Where are you studying?:  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 on 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: \_\_\_\_\_



## MEMBERSHIP INFORMATION

Please confirm that you conform to the membership category as defined below:

Full time student enrolled in a recognized Canadian communication health assistant program (in speech-language pathology and/or audiology).

Fee: Free

Please mail your application to:

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

More information at: [www.sac-oac.ca](http://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](mailto: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