

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 WorkOther Phone Number: _____ Type: Home Cell WorkProfession: Speech-Language Pathologist Audiologist BothPrimary Language: English French

Indicate the Canadian province or territory in which you practice or plan to practice: _____

Indicate any regulatory bodies or professional associations
of which you are a member in good standing: _____

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 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: _____

PAYMENT INFORMATION

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

Member category: _____

\$ _____ National Fee

\$ _____ Prov./Terr. fee (Members in BC, NL, NT, NS, PE only)

\$ _____ GST (BC only)

\$ _____ Total

NATIONAL FEE TABLE

Member Category	Category Description	Fee
Member	A professional who holds a Master's degree in speech-language pathology or audiology or equivalent and has acquired 300 supervised clinical practicum hours.	\$319.00
Reduced Hours Member	A professional who meets the member requirements and works less than 800 hours in a given year. (NOTE: 800 hours refers to any hours related to speech-language pathology or audiology, including management positions, instructors, clinical coordinators, researchers, etc.)	\$212.60
International Member	A professional who meets the member requirements but works outside of Canada.	\$212.60

PROVINCIAL/TERRITORIAL FEES

If you are registering as a member or reduced hours member, and you practice or anticipate practicing in one of the provinces or territories listed in the table below, include the corresponding provincial/territorial fee with your payment.

Province	Full Fee	Reduced Hours Fee
British Columbia	\$165.00 (+\$8.25 GST)	\$111.38 (+\$5.56 GST)
Newfoundland and Labrador	\$98.00	\$49.00
Northwest Territories	\$65.00	\$40.00
Nova Scotia	\$150.00	\$75.00
Prince Edward Island	\$100.00	\$67.50

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

JOINT MEMBERSHIP



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, you must submit one of the following:

- Proof of registration with a regulatory body: If you are registered with a Canadian regulatory body and you are listed on their website as a full, active member in good standing, no further documentation is required.
- Proof of education: If you completed a recognized graduate-level speech-language pathology or audiology program in Canada and are not registered with a regulatory body, please provide official transcripts indicating proof of graduation/ master's degree conferred and signed proof of having complete 300 clinical practicum hours. **NOTE:** If you are internationally educated, please visit our website or contact us for more information on to how to qualify for membership.