



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

You may choose to have a free student membership in one of the following provinces/territories (check only one):

British Columbia Northwest Territories Newfoundland and Labrador

Nova Scotia Prince Edward Island

ACADEMIC INFORMATION

Program of Study: Speech-Language Pathology Audiology
 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: _____

PAYMENT INFORMATION

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

Full-time students in speech-language pathology and/or audiology graduate programs or, non-practising speech-language pathologists and audiologists enrolled as full-time students in studies related to the two disciplines.

Fee: \$ 75 (one-time fee)

PAYMENT OPTIONS

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

Card no.: _____

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

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

JOINT MEMBERSHIP

