

2011 USSAAC MEMBERSHIP FORM

for the period January 1st - December 31, 2011

This form can be faxed to Alisa Brownlee at 215-631-1878 or mailed to 34 Market Street, Hatfield, PA 19440 OR you can join via the USSAAC web site at www.ussaac.org and click on the "join" button. Thank you!

Please complete all sections:

Name: _____

Affiliation: _____

Mailing Address: [] Business [] Home
Street & Number _____

City: _____ State/Province: _____

Country: _____ Mailing Code: _____

Telephone including Area Code: _____ E-mail: _____

Fax including Area Code: _____ Web site: _____

Competency in languages other than English: _____

Please give us a brief description of your job: (i.e. do you work with adults? children? Do AAC assessments or are in research?)

A. Type of Membership (check only one)

- Professional [] \$ 67.
- People who use AAC & their families [] \$ 29.
- *Student (Full-time) [] \$ 30.
- **Institutional [] \$ 330.
- Corporate [] \$1,100.
- ***Retired [] \$ 30. **Enter A:** _____

B. Official Journal: *Augmentative and Alternative Communication (AAC) 4 issues/year*

- Special rate for Corporate & Institutional Members [] \$272.
 - Special rate for all ISAAC members [] \$ 80.
 - Special rate for PWUAAC/Student/Retired [] \$ 50.
 - PRINT VERSION OF USSAAC's Speak Up Magazine (being printed Spring '11—Editor Pam Kennedy) [] \$15.00
- Enter B: \$** _____

Donations: "I wish to make a contribution to support:"

- C1.** People who use AAC & their families [] \$25 [] \$50 [] \$100 [] Other \$_____ **Enter C1: \$** _____
- C2.** People from Emerging Countries [] \$25 [] \$50 [] \$100 [] Other \$_____ **Enter C2: \$** _____
- C3.** Support people who use AAC to attend the ISAAC Conference [] \$25 [] \$50 [] \$100 [] Other \$_____ **Enter C3: \$** _____
- C4.** ISAAC Sponsored Membership Program [] \$28 CDN Other \$_____ **Enter C4: \$** _____
- C5.** Other Donation to: _____ [] \$25 [] \$50 [] \$100 [] Other \$_____ **Enter C5: \$** _____

TOTAL AMOUNT (for items A to C5)

Total Enclosed: \$ _____

The ISAAC Membership Directory is published annually. Please indicate if you **do not** wish your name and information included. []

USSAAC will publish its own directory this year. Please indicate if you **do not** wish your name and information included. []

Check here if you are interested in serving USSAAC as a committee member. []

***For Student Membership**, please complete only item #1 **OR** item #2:

[] 1. "I confirm that the above named is a full-time registered student at:"
_____ (Name of University/Institution)

(Signature of Professor) (Date)

[] 2. "I confirm that I am a full-time registered student and have enclosed a copy of my University/Institution registration confirmation."

** **Institutional membership** is for non-profit groups such as schools, assistive technology centres, service delivery centres and academic programs in related fields.

*** **Retired membership** is for individuals interested in AAC who are no longer working.

2011 ISAAC Membership Directory***Profession/Role***

The 2011 ISAAC Membership Directory will be issued internationally to all members in July 2011. It is imperative that your membership enrolment be received by **March 31ST, 2011** for your name to be included in the Directory.

In order for our Directory to be most effective, please indicate below the category (or categories) which best describes your profession or association/role in the field of Augmentative and Alternative Communication. You may use the codes below to record your choices on the front of this membership form. **Please do not use more than three (3) categories.**

CATEGORY	CODE
<input type="checkbox"/> Administrator	ADM
<input type="checkbox"/> Augmentative Communication Specialist	ACS
<input type="checkbox"/> Author	AUT
<input type="checkbox"/> Computer Scientist	COM
<input type="checkbox"/> Consultant	CST
<input type="checkbox"/> Counsellor	COU
<input type="checkbox"/> Doctor, Medical	DOC
<input type="checkbox"/> Engineer	ENG
<input type="checkbox"/> Family member/Care Giver	FCG
<input type="checkbox"/> Geneticist	GEN
<input type="checkbox"/> Linguist	LIN
<input type="checkbox"/> Manufacturer	MAN
<input type="checkbox"/> Occupational Therapist	OTR
<input type="checkbox"/> Person who use AAC or Family members	AAC
<input type="checkbox"/> Physical Therapist	PHT
<input type="checkbox"/> Professor	PRO
<input type="checkbox"/> Psychologist	PSY
<input type="checkbox"/> Rehabilitation Specialist	RSP
<input type="checkbox"/> Research	RES
<input type="checkbox"/> Retired	RET
<input type="checkbox"/> Social Worker	SWK
<input type="checkbox"/> Special Education School	SCH
<input type="checkbox"/> Special Educator	SED
<input type="checkbox"/> Speech/Language Pathologist/Therapist	SLP
<input type="checkbox"/> Student	STU
<input type="checkbox"/> Vendor	VEN
<input type="checkbox"/> Other Profession not listed	

CREDIT CARD PAYMENT

Credit card payment: VISA Master Card

Credit Card Number: _____ Expiry Date: _____

Name on Credit Card: _____ Signature: _____
(please print name of card holder)