

2012 USSAAC MEMBERSHIP FORM

for the period January 1- December 31, 2012

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 "Get Involved" 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: _____

Professionals: 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.
- NEW ** Professional PLUS AAC Journal** [] \$135.00
- People who use AAC & their families [] \$ 29.
- *Student (Full-time) [] \$ 30
- **Retired [] \$ 30.
- ***Institutional [] \$ 330.
- Corporate [] \$1,100.

Enter A: _____

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

- Corporate/Institutional (**\$25 USSAAC Discount**) [] \$ 272.
- Professionals (**\$18 USSAAC Discount**) [] \$ 80.
- PWUAAC/Student/Retired (**\$9 USSAAC Discount**) [] \$ 50.

Enter B: \$ _____

C. 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."

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

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

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)

2012 ISAAC Membership Directory**Profession/Role**

The 2012 ISAAC Membership Directory will be issued to all members internationally in July 2012. It is imperative that your membership enrolment be received by **March 31ST, 2012** 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, and use either a “tick” (✓) or “X”.**

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