



National Council of State Boards of Examiners  
for Speech - Language Pathology and Audiology

3416 Primm Lane  
Birmingham, Alabama 35216

<http://www.ncsb.info> ~ [ncsb@primemanagement.net](mailto:ncsb@primemanagement.net)

***Individual Associate/Organization Membership***

Membership is valid until December 31 of the current year

Being a member of an organization eligible to apply for Associate Membership as determined by the Council's Board of Directors, I am submitting this application for individual Associate Membership in the National Council of State Boards for Speech-Language Pathology and Audiology.

**Applicant Contact Information**

**Contact Name:**

**Address:**

**City:**

**State:**

**Zip code:**

**Email:**

**Telephone:**

**Association/Organization Name and Contact Information**

**Association/Organization Name:**

**Address:**

(if different from above)

**City:**

(if different from above)

**State:**

**Zip code:**

**Website:**

**Telephone:**

**Check here if you are interested in serving the Council as a Committee Member:** \_\_\_\_\_

**Signature of Individual Completing Application:**

**Payment Instructions**

Forward this completed Membership Application with \$35.00 to:

National Council of State Boards  
3416 Primm Lane  
Birmingham, Alabama 35216