



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

Individual Membership

Membership is valid until December 31 of the current year

Being or having been a member or an executive officer of a unit responsible for licensing and/or certifying the practice of Speech-Language Pathology and Audiology in a State, Territory, or Province, I am submitting this application for membership in the National Council of State Boards of Examiners for Speech-Language Pathology and Audiology.

Applicant Contact Information

Contact Name:

Address:

City:

State:

Zip code:

Email:

Telephone:

Licensing Board Name and Contact Information

Licensing Board Name:

(as you would like it to appear in our directory)

Address:

(if different from above)

City:

(if different from above)

State:

Zip code:

Website:

Telephone:

Nature of participation: _____

Inclusive Dates of Participation:

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