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# Northern Virginia Cued Speech Association

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*This form may be completed on-line, with dues payment made by credit card through PayPal, or the form may be printed and mailed with a check to the address at the bottom of the page.*

## **NVCSA Membership Application**

Your relationship to Cued Speech (please circle): Administrator

Audiologist CLT Cueing Adult Friend Grandparents

IA Parent(s) Sp./Lang. Clinician Teacher Other: \_\_\_\_\_

**Family Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**\*E-mail:** \_\_\_\_\_ **and/or Phone #:** \_\_\_\_\_

**First Names of Adults:** \_\_\_\_\_

(Last name if \_\_\_\_\_  
different from above) \_\_\_\_\_

**Children (Please \*asterisk Cue-Kids):**

Name \_\_\_\_\_ Grade/Age \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can you share your talents with the NVCSA? We need help in the following areas:

\_\_\_\_\_ Advocacy      \_\_\_\_\_ Photographer      \_\_\_\_\_ Special Projects  
\_\_\_\_\_ Fund Raising      \_\_\_\_\_ Publicity      \_\_\_\_\_ Web Site  
\_\_\_\_\_ Newsletter      \_\_\_\_\_ Social Events      \_\_\_\_\_ Other

**Annual dues are \$20.00.** Please make checks payable to NVCSA. Mail applications to NVCSA, P.O. Box 2733, Fairfax, VA 22031-2733. Questions? [NVCSA@Yahoo.com](mailto:NVCSA@Yahoo.com).