

MICHIGAN SPEECH-LANGUAGE-HEARING ASSOCIATION JOB LISTING FORM

Name of Organization:

Address:

City, State and Zip Code:

Contact Person:

Phone Number:

Email Address:

Website Address:

Type of Position: Speech-Language Pathology _____ Audiology _____

ASHA Certification Required: CCC-SLP _____ CCC-A _____ CFY _____ Teacher Certification _____

Position Description:
(If available attach posting)

Payment Information

	<u>Credit Card Numbers</u>	<u>Expiration Date</u>
VISA:	<input type="text"/>	<input type="text"/>

MasterCard:	<input type="text"/>	<input type="text"/>
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Discover:	<input type="text"/>	<input type="text"/>
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CV Code from Back of Card

New Job Submission:	\$50.00	<input type="text"/>
Renewal:	\$25.00	<input type="text"/>

MSHA
790 W. Lake Lansing Rd. Ste. 500A
East Lansing, MI 48823
517.332.5691
FAX: 517.332-5870
msha@att.net
www.michiganspeechhearing.org