

**Board Certified Specialist --- Fluency**

**Retired OR Life-Time Member Application**

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| Name: |
| Address:  |
| City:  | State:  | Zip:  |
| Phone: ( )  | Email:  |
| Fax: ( )  | Date of Application**:**  |
| **Please check the following if correct:**  I am *currently* a BCS-­‐F **OR**   I was a BCS-­‐F (BRS-­‐FD) at the time of my retirement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I was a BCS-­‐F (BRS-­‐FD) for at least ten years (*not necessarily consecutive*)   I am 65 years of age or older **OR**  I have been an ASHA Certified Member for at least 25 years **Please check *one:*** Please list me as **Life-Time** (I am currently treating clients and maintain my ASHA CCCs).\*\* Please list me as **Retired** (I am no longer treating clients and do not currently have my ASHA CCCs). | Please verify you have enclosed the following with this form:   I have enclosed a copy of my driver’s license ***or*** birth certificate **OR**  I have provided documentation confirming my ASHA Certification for at least 25 years \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I have enclosed a check payable to the ABFFD for $75.00  *(US Dollars)* ***\*\*Please note: you must continue to maintain the same status with ASHA to maintain the same member status with the ABFFD.\*\**** |

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**Email:** **info@stutteringspecialists.org**