

**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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