

Profession/Role

The 2010 ISAAC Membership Directory will be issued to all members internationally in July 2010. It is imperative that your membership enrolment be received by **March 31ST, 2010** for your name to be included in the Directory.

In order for our Directory to be most effective, please indicate below the category (or categories) which best describes your profession or association/role in the field of Augmentative and Alternative Communication. You may use the codes below to record your choices on the front of this membership form. **Please do not use more than three (3) categories.**

CATEGORY	CODE
<input type="checkbox"/> Administrator	ADM
<input type="checkbox"/> Augmentative Communication Specialist	ACS
<input type="checkbox"/> Author	AUT
<input type="checkbox"/> Computer Scientist	COM
<input type="checkbox"/> Consultant	CST
<input type="checkbox"/> Counsellor	COU
<input type="checkbox"/> Doctor, Medical	DOC
<input type="checkbox"/> Engineer	ENG
<input type="checkbox"/> Family member/Care Giver	FCG
<input type="checkbox"/> Geneticist	GEN
<input type="checkbox"/> Linguist	LIN
<input type="checkbox"/> Manufacturer	MAN
<input type="checkbox"/> Occupational Therapist	OTR
<input type="checkbox"/> Person who use AAC or Family members	AAC
<input type="checkbox"/> Physical Therapist	PHT
<input type="checkbox"/> Professor	PRO
<input type="checkbox"/> Psychologist	PSY
<input type="checkbox"/> Rehabilitation Specialist	RSP
<input type="checkbox"/> Research	RES
<input type="checkbox"/> Retired	RET
<input type="checkbox"/> Social Worker	SWK
<input type="checkbox"/> Special Education School	SCH
<input type="checkbox"/> Special Educator	SED
<input type="checkbox"/> Speech/Language Pathologist/Therapist	SLP
<input type="checkbox"/> Student	STU
<input type="checkbox"/> Vendor	VEN
<input type="checkbox"/> Other Profession not listed	

CREDIT CARD PAYMENT

If you wish to pay by VISA credit card (only), please complete the following information:

Credit Card Number: _____ Expiry Date: _____

Name on Credit Card: _____ Signature: _____

(please print name of card holder)