



Sign Language Interpreting

American Sign Language Honor Society (ASLHS)
Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail address: _____

Major: _____

Classification: _____

Anticipated Graduation Date: _____

When did you start the program?: _____

How many hours do you have so far in SGNL/SLNG courses?(or tested out):

I agree to abide by the policy of ASLHS. I understand this application does not immediately constitute my involvement with ASLHS until it is verified by the sponsor, Laura Hill.

Signature

Date

(Please attach your most recent transcript with this application and submit it to Laura Hill). Once you are notified of your acceptance to ASLHS, you will need to pay your \$20.00 dues.