

SPELD NSW

Membership Application Form



Payment is to accompany the completed application form.

Name of organisation (if applying for School or Professional Membership) _____

First Name _____ Surname _____

Occupation/Interest (parent, teacher, student, psychologist, other) _____

Course (if applying for Student Membership) _____

Address _____ P/C _____

Telephone _____ Mobile _____ Fax _____

Email (please print clearly) _____

I/We agree to abide by the Constitution of SPELD NSW (as stated on SPELD NSW website) and enclose the appropriate payment.

Signature _____ Date _____

Membership Fees **half year promotion till 31st December 2017** New Member Renewal

*please tick the membership type and circle the amount relevant to membership duration

		1 year	2 years	3 years
<input type="checkbox"/> Individual	Adult/parent/family	\$33.50	\$100.50	\$167.50
<input type="checkbox"/> Professional **	Psychologists/Speech Therapists/Other	\$65	\$195	\$325
<input type="checkbox"/> Tutor **	Membership \$33.50, Referral Database Inclusion \$11.50 (charged after the inclusion procedure is finished)	\$45	\$135	\$225
<input type="checkbox"/> School	School/Association/Other Educational Organisation	\$90	\$270	\$450
<input type="checkbox"/> Student	Full time tertiary students in allied field (e.g. Education, Psychology, Speech Pathology, etc.)	\$40	\$80	\$120

** to be included in SPELD NSW Professional Referral Database further procedures are required (see SPELD NSW Professional Referral Database Form)

- Friend of SPELD NSW** individuals or families who make a donation to SPELD NSW of \$80 (or more)
- Best Friend of SPELD NSW** individuals, families or businesses who make a donation to SPELD NSW of \$200 (or more)

Donation \$25 \$50 \$100 Other \$ _____

NOTE: Donations of \$2.00 and over are tax deductible and GST Exempt

Payment Method Total amount to be paid: \$ _____

- Direct Debit:** Bendigo Bank BSB: 633 000 Act: 129880399 (Ref. your surname/organisation name)
- Cheque payable to:** SPELD NSW Inc. 2/172 Majors Bay Rd, Concord, NSW, 2137
- Please debit my*:** Mastercard Visa debit credit *Credit card charges will incur a 2% fee
- Credit Card Account No:** - - -
- Card Holder name:** _____ **Expiry date:** ____/____/____
- Signature _____ Date _____

Office use only: Date: Year Acc Pd Rec RD ** MC