

SPELD NSW

Membership Application Form



Payment is to accompany the completed application form.

Name of organisation (if applying for School or Organisation) _____

First Name _____ Surname _____

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

Course (if applying for Student Membership) _____

Address _____ P/C _____

Telephone _____ Mobile _____

Email (please print clearly) _____

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

Signature _____ Date _____

Membership Fees (SPELD NSW membership is for 12 months) New Member Renewal

*please tick the membership type

	12 months
<input type="checkbox"/> Individual	\$70
<input type="checkbox"/> Professional ** Psychologists/Speech Therapists/Occupational Therapists to be included on our referral database	\$135
<input type="checkbox"/> Tutor ** Tutor to be included on our referral database	\$95
<input type="checkbox"/> School or Organisation School/Association/Other Educational Organisation	\$188
<input type="checkbox"/> Student Full time tertiary students in allied field (e.g. Education, Psychology, Speech Pathology, etc.)	\$40

** to be included in SPELD NSW Professional Referral Database further application procedures are required (see SPELD NSW Website for more information)

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. Suite 2, Level 1, 52 O'Connell Street, Parramatta NSW 2150

Please debit my: Mastercard Visa CCV: _____

Credit Card Account No:

Card Holder name: _____ Expiry date: _____ / _____

Signature _____ Date _____