## SPELD NSW Membership Application Form



		JPLLD NOV
Payment is to accompany the co	mpleted application form.	
Name of organisation (if a	pplying for School or Organisation)	
First Name	Surname	
Occupation/Interest (pare	ent, teacher, student, speech pathologist, psychologist, other)	
Course (if applying for Stu	dent Membership)	
Address	P/0	•
	Mobile	<b>,</b>
	r)	
	titution of SPELD NSW (as stated on SPELD NSW website) and any membership policie te and enclose the appropriate payment.	s of SPELD NSW
Signature	Date	
	ELD NSW membership is for 12 months)    New Member	Renewal
*please tick the membership type		12 months
Individual		\$70
Professional **	Psychologists/Speech Therapists/Occupational Therapists to be included on our referral database	\$135
☐ Tutor **	Tutor to be included on our referral database	\$95
School or Organisation	School/Association/Other Educational Organisation	\$195
Student	Full time tertiary students in allied field (e.g. Education, Psychology, Speech Pathology, etc.)	\$40
** to be included in SPELD NSW Profe	essional Referral Database further application procedures are required (see SPELD NSW Website for	more information)
Donation		
NOTE: Donations of \$2.00 and over an Payment Method		
Direct Debit:	Total amount to be paid: \$  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	
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Please debit my:	☐Mastercard  ☐Visa  ☐CCV:	
Credit Card Account No:		,
Card Holder name:	Expiry date:	/
	Signature Date	