



PROFESSIONAL MEMBERSHIP APPLICATION / RENEWAL FORM

Membership year 1st April 2011 to 31st March 2012

NEW MEMBER **RENEWAL**

NAME: _____

ORGANISATION (if applicable): _____

ADDRESS: _____

POST CODE: _____

EMAIL(Please print clearly) : _____

All newsletters will be sent by email only. If you need a hardcopy please contact SPELD

TELEPHONE: (H.) _____ (Mob.) _____

OCCUPATION:(Teacher/Tutor/Psychologist/Speech Therapist/Other) _____

PROFESSIONAL SUBSCRIPTION

Please select the appropriate type of subscription (All fees GST inclusive)

- Tutor Membership**** **\$75**
Optional for this category: 2 years @\$135 3 years @\$190 – Pls specify \$ _____
- Other Professional / Professional Practice Membership**** **\$110**
Optional for this category: 2 years @\$200 3 years @\$280 – Pls specify \$ _____
- **Includes listing on SPELD NSW database (provided professional criteria are met)
Please complete next page if you are a new member**
- Donation is included** (no GST). Donations of \$2 or more are tax deductible \$ _____

I enclose total payment by cheque (payable to SPELD NSW Inc.) for TOTAL \$ _____

OR

Please debit my (please circle) Bankcard / Mastercard / Visa for TOTAL \$ _____

Card No. ____ / ____ / ____ / ____ Expiry: ____ / ____

Cardholder name

Cardholder signature

Mail or Fax your Membership Form

SPELD NSW INC 2/172 Majors Bay Rd, Concord, NSW, 2137 FAX: 8765 1487

You can also join/renew over the phone on 02 9739 6277

Or via our website www.speldnsw.org.au

**PLEASE TURN OVER IF YOU WOULD LIKE TO BE INCLUDED ON THE
SPELD NSW REFERRAL DATABASE**



SPELD NSW REFERRAL DATABASE INFORMATION

Please note:

To be included on the Referral database *for the first time*, you will need to

- Supply copies of your qualifications
- Be interviewed by our Director.

Please contact us to discuss this and arrange an interview if you are going on the database for the first time.

Occupation: _____

(If a teacher, please state: eg- TAFE, Primary, Secondary, Tutor only etc)

Qualifications: _____

Practice Name (if applicable): _____

Additional Contact Information (not supplied on opposite page)

Please circle all appropriate categories:

Age Range: Infants Primary Secondary Adult

Preferred Areas of Remediation:

Maths Reading Spelling Language Writing Comprehension Other _____

Preferred Methods Used:

Lindamood Auditory Dis. Visualising & Verbalising Brand Spalding

Ants in the Apple Letterland Multilit Other _____

Times Available/Office hours:

Weekdays Saturdays School Hols Sundays

Preferred Times:

Before School After School School Hours Saturdays

Travel:

Yes (Specified Travel Range) _____ No

Fees: \$_____ per hour \$_____ per half hour \$_____ other charges, eg travel please specify

Other Information you feel relevant or speciality areas (please list)

