



INDIVIDUAL / SCHOOL / STUDENT MEMBERSHIP APPLICATION 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.) _____

INTEREST/OCCUPATION:(Teacher/Parent/Profession/Other) _____

SUBSCRIPTION

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

- | | | |
|--|---|--------------------------|
| <input type="checkbox"/> Individual Membership | Optional for this category: 2 years @\$110 3 years @\$150 – Pls specify | \$60
\$ _____ |
| <input type="checkbox"/> Student Membership | Optional for this category: 2 years @\$45 3 years @\$60 – Pls specify
Please post/fax/email a copy of your current student card to be eligible | \$25
\$ _____ |
| <input type="checkbox"/> School Membership | Optional for this category: 2 years @\$200 3 years @\$280 – Pls specify | \$110
\$ _____ |
| <input type="checkbox"/> 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 97396277

Or via our website www.speldnsw.org.au

****ATTENTION TEACHERS, TUTORS AND HEALTH PROFESSIONALS****

Are you a Teacher or Health Professional that deals with Specific Learning Difficulties in children or adults?

*We are always expanding our Referral database, if you would like to be included please contact
SPELD NSW for more information.*