



# speld (sa) inc

**SPECIFIC LEARNING DIFFICULTIES ASSOCIATION OF  
SOUTH AUSTRALIA INCORPORATED ABN: 60 702 557 952**

Office use only	
Date	/ /
Inv. No:	_____
ID No:	_____
Book Mark	_____

Office: 298 Portrush Road, Kensington, SA 5068  
Opening Hours: 9.00am to 4.30pm Monday to Friday

Postal: PO Box 83, Glenside, SA 5065  
Web: www.speld-sa.org.au

Tel: 8431 1655 Fax: 8364 5751  
E-mail: admin@speld-sa.org.au

## APPLICATION FOR MEMBERSHIP

PLEASE PRINT CLEARLY AND CIRCLE WORDS WHERE APPLICABLE

Dr / Mr / Mrs / Miss / Ms \_\_\_\_\_  
Title First name Surname

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_

Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### SCHEDULE OF FEES

Individual/Family

<input type="checkbox"/>	Membership	*\$60* \$50 Concession (copy of Centrelink card required)
<input type="checkbox"/>	Life membership	*\$600.00

Total \$ \_\_\_\_\_

Payment method: Cheque Money order Credit card (details below)

Credit card type: Visa / Mastercard CCV last three digits on back on card Expiry date: \_\_\_\_ / \_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

Card Number:

\* Taxable supply, GST inclusive