



**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: 9.30am to 4.30pm Monday to Thursday

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

Please mark each service that you are paying for 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

Note: A receipt will NOT be issued unless specifically requested. Please
February 2011