



SPELD QLD INC.

Form No: SPELD 01
Issue: C
Date: Aug. 2011

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Email address: speld@speld.org.au Web Site: www.speld.org.au
Representing the interests of people with Specific Learning Disabilities
Patron: Her Excellency Ms. Penelope Wensley AC, Governor of Queensland

Application for Membership 2012

Tax Invoice ABN 40 536 194 614

I/We wish to apply for membership of SPELD Qld Inc. and agree to abide by its constitution.

SPELD Qld Office Use Only	
Receipt No.	_____
Date	___ / ___ / ___
Mship No:	_____
Entered	___ / ___ / ___

PRIVATE MEMBERSHIP (Individual and Concessional):

Name: Mr/Mrs/Ms/Miss/Dr _____

Home Address: _____

_____ P/C _____

Phone (H) : _____ (B) : _____ Fax: _____

Email: _____

Occupation: _____

Signature: _____ Date: _____

SCHOOL/CORPORATE/TUTOR MEMBERSHIP:

Contact Name: Mr/Mrs/Ms/Miss/Dr _____

School Name: _____

School Address: _____

_____ P/C _____

Phone: _____ Fax: _____

Email: _____

Position: _____

Signature: _____ Date: _____

PAYMENT DETAILS

FEES: Individual Membership \$66.00 Concessional Membership \$44.00
(Parents, grandparents etc) Pensioner/Student - Copy of Concession Card Required

School/Corporate/Tutor Membership \$132.00 INCLUDES GST

Membership \$ _____

Donation \$ _____

TOTAL PAYMENT \$ _____

CASH _ CHEQUE _ MASTERCARD _ VISA _

CREDIT CARD NUMBER _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ Exp Date ____/____

NAME ON CARD _____ SIGNATURE _____

DATE

All Donations to SPELD Qld Inc. of \$2.00 or over are tax deductible