

MEMBERSHIP FORM

141 Merton Road, Woolloongabba QLD 4102 Ph: 07 3391 7900 Email: finance@speld.org.au www.speld.org.au Patron: Jackie French AM, Australian Children's Laureate 2014-2015, Senior Australian of the year 2015 SPELD Qld Office Use Only **TAX INVOICE *** Receipt No. _____ ABN: 40 536 194 614 Date: __ /_/__ *Please retain a copy for your records. It becomes a tax invoice upon a receipt of payment and receipts will be emailed. Mship No: This form may be completed online at www.speld.org.au > Members Invoice No: ___ First Name: Surname: School Name: Postal address: Suburb: State: P/code: Telephone: Mobile: Email address: MEMBERSHIP FEE 12 Month Membership (gst inc) Fee Due Professional Membership \$198.00 Schools/ Corporations Adult / Family Membership \$77.00 Adult / Parent / Family Concessional Membership \$55.00 Please include copy of concession card \$2.00 Donation Would you like to round up your Membership Fee? Yes, please round up by: Note: Donations to Speld Qld Inc \$3.00 Donation of \$2.00 or more are Tax Deductible and GST Exempt. \$5.00 Donation **TOTAL PAYMENT**: \$ **PAYMENT METHOD** Please debit my: Visa or MasterCard Only OR DIRECT DEPOSIT TO: BSB: 034 037 Account No: 247870 **Expiry Date**: ___ / ___ CCV: ___ _ Amount: _____ Account Name: Speld Qld Inc Reference: 'Your Name' Name on Card: _____ Remittance: finance@speld.org.au Date: Signature: Schools only Please email an Invoice to the School for the Amount above. Purchase Order No: Issued: Aug 2021