



MEMBERSHIP FORM

PO Box 8095 Woolloongabba QLD 4102
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 Facsimile: 07 3392 4190
 Email: sales@speld.org.au
 www.speld.org.au

Patron: Jackie French AM, Australian Children's Laureate 2014-2015, Senior Australian of the year 2015

TAX INVOICE *

ABN: 40 536 194 614

**Please retain a copy for your records. It becomes a tax invoice upon a receipt of payment.*

This form may be completed online at www.speld.org.au > Members

SPELD Qld Office Use Only

Receipt No. _____
 Date: ___ / ___ / ___
 Mship No: _____
 Entered: ___ / ___ / ___

Mr \ Mrs \ Ms \ Miss \ Dr **Surname** _____ **Given Name (s)** _____

School / Business Name (If applying for School/Corp. Membership) _____

Address : _____ **P/Code** _____

Phone (H) : _____ **(Mob) :** _____ **Fax:** _____

Email : _____

Signature: _____ **Date:** _____

MEMBERSHIP FEE

12 Month Membership

- | | | |
|--|--|----------|
| <input type="checkbox"/> Professional Membership | Schools/ Corporations | \$198.00 |
| <input type="checkbox"/> Adult / Family Membership | Adult / Parent / Family | \$77.00 |
| <input type="checkbox"/> Concessional Membership | Please include copy of concession card | \$55.00 |

Would you like to round up your Membership Fee?

Donation 2.00 \$3.00 \$5.00 Other \$ _____

NOTE: All Donations to Speld Qld Inc of \$2.00 or over are Tax Deductible and GST exempt.

PAYMENT METHOD

TOTAL PAYMENT: \$ _____

Debit my: M/CARD VISA

Card Number: _____

Expiry Date: ___ / ___

Name on Card: _____

Signature: _____ **Date:** ___ / ___

DIRECT DEPOSIT

Bank: Westpac, Coorparoo, Qld
BSB: 034 - 037
Account Number: 247870
Account Name: Speld Qld Inc
Reference: 'Your Name'
Remittance: finance@speld.org.au

Schools only Please email an Invoice to the School as per details above for the Amount \$ _____