



australian speech communication association

ABN 90 059 264 630

INVOICE NUMBER: 20/19

Membership Form - 2019

(1st Jan - 31st Dec)

I, _____
(Full Name of Applicant)

of _____
(Address)

_____ P/C _____ hereby apply to become a member of the
Australian Speech Communication Association Incorporated. I agree to be bound by the rules
of the association for the time being in force.

(Signature of applicant)

(Date)

Phone: _____ (H) _____ (W) _____ (Mobile)

Fax: _____ **Email:** _____

Special Interests: _____

Professional Qualifications: _____

Membership Fee:	Students Associate Membership:	\$20
	Individual Membership:	\$40
	Corporate Membership:	\$50
	(School, College etc)	

***Syllabuses can be downloaded from the website**

Extra copies of the Syllabuses may be purchased for \$5 each.
Extra sets of exam papers cost \$5

*Please make cheques payable to **ASCA**.

*****Send completed form to: Mrs Susanne Harrison, ASCA Membership Secretary, PO Box 322, Manly, NSW, 2095. OR Deposit CBA BSB 062229 Account Number 00131200.**
The centre or teacher's name should appear in the 'description box'.