



INVOICE NUMBER: 20/25

Membership Form – 2025

(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)

Email: _____ Fax: _____

Special Interests: _____

Professional Qualifications: _____

Membership Fees		Payment
Students Associate Membership:	\$20	Direct Deposit: CBA BSB 062 229
Individual Membership:	\$40	Account no. 00131200. Centre of teacher's name in <i>Description box</i> .
Corporate Membership: (School, College etc)	\$100	Cheque: Make payable to "ASCA"

Syllabuses can be downloaded from the website

Extra printed copies of the Syllabuses may be purchased for \$10 each

Extra sets of exam papers cost \$5

Send completed form to:



Mrs Susanne Harrison, ASCA Membership Secretary
PO Box 322, Manly, NSW, 2095