**TAX INVOICE**

ABN 14 852 335 677

**2017 MEMBERSHIP APPLICATION**

Please complete **all** sections **clearly**

|  |
| --- |
| Family Name:  |
| Given Name(s):  |
| School/College/Workplace:  |
| Address:  |
| State:  | Postcode:  | Wk Phone: Mobile: |
| Email: |
| Please notify the Membership Secretary of any change of address. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicate Membership Type** | **Amount Payable** |  | **Indicate Payment Type** |
| * Individual
 | $ 60.00 | * Cheque – Payable to ‘LETASA’
* Credit Card – complete details below
* EFT – details below
 |
| * Institutional
 | $110.00 |
| * Pre Service Teacher
 | $ 20.00 |
| * International\*

 (\*required for all members with addresses outside of Australia) | $150.00 |
| LETASA is a not for profit organisation and does not charge GST |

**Credit Card Details: 🞎** MasterCard 🞎 Visa

Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card No: 🞎🞎🞎🞎/🞎🞎🞎🞎/🞎🞎🞎🞎/🞎🞎🞎🞎

Expiry Date: 🞎🞎/🞎🞎(**please** have a minimum 4 months until expiry)

**EFT Details:**

**Account Name:** LETASA

**BSB Number:**  065 131

**Acc Number:**  1006 4914

**Reference:**  School Name (Institutional Membership) or Member Name (Individual Membership)

Send this application form **and** your payment/EFT notification to:

**Yvette Winter**

University Senior College

North Tce

ADELAIDE SA 5005

Email: yvette.winter@adelaide.edu.au